

**Vincennes University ASL Program
COURSE REGISTRATION FORM**

Name: _____ Number: A _____ Fall Spring Summer Year: _____

Note: The first line in blue bold is an example how you fill out in this form.

CRN	Course Letter	Course Number	Title	Days	Times
10243	ASLG	111	Deaf Culture and Community	Thursday	4:00-6:50pm

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