



**SILICON VALLEY UNIVERSITY**

2160 Lundy Ave. Suite #110, San Jose, CA 95131

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Student Name: \_\_\_\_\_ Student I.D: A \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please Check: PROGRAM:    BBA                    BSCS                    BSCE                    MSCS                    MSCE                    MBA  
 TERM:                    SPRING                    SUMMER                    FALL                    YEAR: \_\_\_\_\_                    CERTIFICATE PROGRAM \_\_\_\_\_

**ADD COURSE:                    (Note: YOUR REGISTRATION WILL NOT BE COMPLETE UNTIL YOUR TUITION IS FULLY PAID)**

Course#	Course Title	Instructor	Day	Time	Unites	Advisor Approval

Total Units Register: \_\_\_\_\_

**Drop course:**

Course#	Course Title	Instructor	Day	Time	Unites	Advisor Approval

Total units Drop: \_\_\_\_\_

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_