



1701 North State Street, Campus Box 150436
 Jackson, MS 39210-0001
 Web: www.millsaps.edu/records
 Email: records@millsaps.edu
 Office: Academic Complex, Room 142
 Phone: 601-974-1120
 Fax: 601-974-1114

Summer Session(s) of _____ Year Registration Form

Date _____

Student Name _____

Student ID _____

S1: Summer Session 1

Dept.	Course #	Sec #	Sem Hrs	**	Day/Time	Room	

S2: Summer Session 2

Dept.	Course #	Sec #	Sem Hrs	**	Day/Time	Room	

SL: Summer Long Session

Dept.	Course #	Sec #	Sem Hrs	**	Day/Time	Room	

OCA: Special Off Campus A Session - May

Dept.	Course #	Sec #	Sem Hrs	**	Day/Time	Room	

OCB: Special Off Campus B Session - August

Dept.	Course #	Sec #	Sem Hrs	**	Day/Time	Room	

Semester Hours Total	
Registration Date	
Records Office Initial	

Student Signature _____