

Ag*Idea Registration Form

Student Name _____

Student ID # _____

Student Email _____

Student Address _____

Student Birthdate _____ Student Phone # _____

Semester to be Registered _____

Course to be Registered _____

Teaching Institution _____

NCSU course # _____

NCSU Faculty Contact _____

Student Signature _____

NCSU Faculty Signature _____

Please return this form to Bria Sledge at bssledge@ncsu.edu.