



**Office of Enrollment Services
Registration Form**

PERSONAL INFORMATION

Semester: Fall Spring Summer Year 20_____

Name _____ ID Number _____

Day Phone _____ Evening Phone _____

Emergency Name and Contact Number _____

COURSE SELECTION INFORMATION

Course Reference Number (CRN)	Course Prefix, Number & Section (ex: ARC 1213-02)	Instructor Authorization (Required after Add/Drop period)	Department Chair Authorization (Required after Add/Drop Period)

By registering for the course(s) indicated, I agree to pay the assessed tuition in accordance with the established University deadlines. I further agree to abide by all established University policies and procedures that are published in the Undergraduate and Graduate catalogs, the Student Handbook, and on the University's website. I further understand that by registering for courses, a non-refundable registration fee is assessed each semester.

Student Signature (required) **Date**

Advisor Signature (Required after Add/Drop Period) or ALT PIN (if required) **Date**

Financial Aid Authorization (if required) **Date**

Registration Processed by: _____
Enrollment Services Staff Signature **Date**