REGISTRATION REQUEST

This form is intended to be used only when registration cannot be completed online. For instance,

- when registering to audit a course,
- when a student does not have access to online registration, and
- other exceptional circumstances.

Student Information

Name: _____
First Middle Last Maiden name (if applicable)

Student ID: _____ E-mail: _____

Degree Program(s): _____ Campus: _____

Registration Information for _____ _____
semester year

Select one	Course (ex: NT 5100)	Section	Course title	Hours	Select one	Instructor
□ add □ drop					□ credit □ audit	
□ add □ drop					□ credit □ audit	
□ add □ drop					□ credit □ audit	
□ add □ drop					□ credit □ audit	
□ add □ drop					□ credit □ audit	

Students are responsible for reviewing catalog program requirements, as well as the Academic Handbook, and for consulting with their relevant academic advisement tools as needed prior to course registration to insure that their courses apply to their program or to their personal interests.

Signature: _____ **Date**: _____

Advisor's signature: _____ Date: _____
Required for degree-seeking undergraduates only

Dean's signature: _____ Date: _____
Required for late registration only

For Office Use Only

Received: _____ Initials: _____ Processed: _____ Initials: _____

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