

Term:

- Semester I
 Semester II
 Summer

Year: _____

Student Identification # _____ New Student Continuing Student Year Last Attended: _____
 (New students must complete admission before registration.)

Please print the following information.

Name _____
 (Last) (First) (Middle or Former)

Home Address _____
 (Street) (City) (State) (Zip)

Local or Campus Address _____
 (Street) (City) (State) (Zip)

Home/Campus Phone (_____) _____ Daytime or Work Phone (_____) _____

Emergency Phone: (_____) _____ Ask for: _____

1st Major _____ 2nd Major _____ 1st Minor _____ 2nd Minor _____ Preprofessional Program or Concentration _____

Enrollment status: Day Extended Programs Accelerated Graduate

Requested Schedule (Complete each item carefully.) See published schedule.

CRN	Course ID	Credit Hours	Course Title	Days	Time	Do you want to be placed on a wait list?	Have you received a grade in this course before?*

TOTAL NUMBER OF HOURS: _____

See reverse side to list alternate course selections.

Advisor signature _____ Date _____ Processed by _____ Date _____	I understand that I am responsible for providing accurate information and determining curriculum requirements and course prerequisites. Furthermore, I understand that I am responsible for tuition and fees incurred for each term in which I am enrolled in/registered for courses at the University of Indianapolis. Student signature _____ Date _____
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This program/major may require attendance in both day and evening or weekend classes.

