UNIVERSITY of INDIANAPOLIS®

Registration Form

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 _____

This program/major may require attendance in both day and evening or weekend classes.

Alternate Course Selections (as needed)

Note: Courses may be closed or cancelled by the time you register for the semester. Please provide alternate course selections (not sections, but completely different courses) so that your registration may be processed more effectively.

CRN	Subject	Course number	Section	Credit hours	Course title	Days	Time