# VALPARAISO UNIVERSITY

ID # _____ REGISTRATION FORM FOR _____ (Semester/Year)

Social Security # _____

Print Name: _____ (Last) (First) (Middle or Maiden Name)

Current Address: _____ (Res. Hall, Local, or Commuter Address) Phone: _____

_____ (City, State, Zip) E-mail: _____

College: A&S BUS Major(s): _____ Current Class (circle one):

(circle one) ENGR NURS Minor(s): _____ Freshman Sophomore Junior Senior

Christ College: Yes No Special Curriculum: _____ Special CASc Graduate

Please Print:

| S/U | AUD | RE-PEAT | DEPT | CRSE NO. | SEC | TITLE | CR. HR. | SCHEDULE (Days, Time) | APPROVAL, IF REQUIRED |
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TOTAL CREDITS: ____ DEAN'S APPROVAL FOR CREDIT OVERLOAD _____

ALTERNATE COURSES CUM GPA _____

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Required Signatures:

General or First Major Adviser's Signature _____ Date _____

UPON COMPLETION OF THIS REGISTRATION, **THE UNDERSIGNED AGREES TO PAY ALL APPLICABLE FEES THAT ARE ASSESSED ACCORDING TO THE RATES ANNOUNCED IN THE CURRENT UNIVERSITY PUBLICATION ALONG WITH ALL ATTORNEY FEES, FINANCE CHARGES AND OTHER COSTS NECESSARY TO COLLECT ANY AMOUNT NOT PAID WHEN DUE. A FINANCE CHARGE OF 1% PER MONTH WILL BE ADDED TO THE PAST DUE BALANCE OF 30 DAYS. THIS IS AN ANNUAL PRECENTAGE RATE OF 12%.**

IF I WITHDRAW, I UNDERSTAND IT IS MY REPONSIBILITY TO COMPLETE THE APPLICATION WHICH IS AVAILABLE IN THE OFFICE OF THE DEAN OF STUDENTS (FOR LAW STUDENTS, OFFICE OF THE DEAN). NO REFUNDS WILL BE MADE WITHOUT THIS APPLICATION. ANY AMOUNT REFUNDED WILL BE CALCULATED IN ACCORDANCE WITH THE CURRENT RATES SHOWN IN THE UNIVERSITY PUBLICATIONS.

Student's Signature _____ Date _____

Additional Signatures (If Applicable):

Second Major
Adviser's Signature _____

Christ College
Adviser's Signature _____

Special Curriculum
Adviser's Signature _____

International Student
Adviser's Signature _____

1. Registrar's Copy -- White 2. Student's Copy -- Yellow 3. Adviser's Copy -- Pink 10/02/15M