

REGISTRATION FORM • SUMMER SESSIONS 2010

VUID#: _____ SS#: _____ Male Female

Name: _____
Last First Middle/Maiden

Current Address: _____
Street City State Zip

Day Phone Evening Phone E-Mail

Summer Address: _____
Street City State Zip

Day Phone Evening Phone E-Mail

Permanent Address: _____
Street City State Zip

Day Phone Evening Phone E-Mail

Send Billing Report to: Current Address, Summer Address, OR Permanent Address

Send Grade Report to: Current Address, Summer Address, OR Permanent Address

CURRENT OR FORMER VU STUDENT

Undergraduate College of Adult Scholars SAGE

Freshman Sophomore Junior Senior

College: Arts & Sciences Business Engineering Nursing

Graduate

Degree-Seeking Non-Degree Seeking Professional Educator

I am not currently enrolled, but am in good standing at VU: Yes No

Last attended in: _____

NEW STUDENT

Undergraduate College of Adult Scholars SAGE

Degree-Seeking Non-Degree Seeking

Freshman Sophomore Junior Senior

College: Arts & Sciences Business Engineering Nursing

Have you been admitted to VU? Yes No

Graduate

Degree-Seeking Non-Degree Seeking Professional Educator

Have you been admitted to VU Graduate Division? Yes No

If yes, which program? _____

VISITING STUDENT

Name of home institution: _____

“This student is in good academic standing and has my permission to take the requested courses at VU.”

Required: Signature of Advisor

Printed Name

Phone or E-mail

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Course Choices

Session (I or II)	Dept.	Num.	Sec.	Title of Course	Credits	Time	Req. Approval

Alternate Course Choices

Session (I or II)	Dept.	Num.	Sec.	Title of Course	Credits	Time	Req. Approval

List the course selections. Be sure to check the course prerequisites (available in the on-line catalog). The maximum allowable load is 7 credit hours per summer session. Signature of the instructor or department chair is required for all graduate psychology, and nursing courses. VU students must have their advisor's signature or electronic approval in order to register. If it is not possible to see your advisor, do not delay in submitting the registration form. Contact your advisor by voicemail or e-mail and then notify the Registrar's Office.

Advisor's Signature: _____ Date: _____

PROCEDURES FOR DROPPING OR WITHDRAWING FROM A CLASS:

Not attending class does not constitute withdrawal from the class.

1. Complete and sign the appropriate drop or withdrawal card (available in the Registrar's Office).
2. During the Summer Sessions, notification of dropping or withdrawing from a class will also be accepted in writing either by fax at 219.464.5381 or e-mail at registrar@valpo.edu. The information provided must include name, VU ID number or social security number, the name of the course, and the student's signature (or user ID on e-mail).
3. Attendance in online courses is by web participation. Online courses have the same drop/add, withdrawal, and tuition refund deadlines/policies as all other courses.
4. Refund effective the date the withdrawal card is returned to or other notification is received in the Registrar's Office.

NOT SO FINE PRINT FOR ALL STUDENTS

- I understand that payment is due in Finance Office one week prior to the start of classes.
- I agree to pay all applicable fees that are assessed according to the rate announced in the current University publication along with the 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 accounts of 30 days. This is an annual percentage rate of 12%.
- **If I do not wish to take or continue in a course, for whatever reason, it is my responsibility to withdraw from each course, either before or after it has begun.** In addition, I must complete the necessary paperwork and any refund will be calculated in accordance with the current rates shown in the University catalog and based on the date the withdrawal form is received in the Registrar's Office.
- I understand that not attending a class, including online classes, does not constitute withdrawal.
- I am familiar with and will abide by the Honor Code.
- My signature indicates that I have read and understood the above.

Student's Signature: _____ Date: _____ E-mail address: _____

RETURN COMPLETED FORM TO: REGISTRAR'S OFFICE

Valparaiso University, Kretzmann Hall, 1700 Chapel Drive, Valparaiso, IN 46383

Phone: 219.464.5212 • FAX: 219.464.5381 • E-mail: registrar@valpo.edu