



Full Name: _____ ID # _____ Male Female
(Please Print) Last name (Family name), First name (Given name), Middle Name/Initial

Current Address: _____
(Residence Hall address, Local address, Commuter address) City State Zip code

E-Mail Address: _____ Phone: (____) _____ - _____ Cell Phone Provider

College: A & S BUS ENGR NURSING Major: _____ Major (2): _____ Minor: _____

Special Curriculum: _____ Current Class: FR SO JR SR Christ College: Yes No
Example: PreMed GRADUATE ADULT SCHOLAR

Student Type: New Current/Former Visiting - Name of Home Institution: _____

Visiting Advisor Approval: _____

Semester Year: _____

Term: Fall Spring Summer I, II, Full (Please specify below)

PROPOSED CLASS SCHEDULE: (Please Print)

Table with 7 columns: Dept. & Course No., Section, Summer I, II, Full, Course Title, Schedule Days & Time, Approval (If Required), Credit Hours

Alternate or Additional Course Selection

Table with 7 columns: Dept. & Course No., Section, Summer I, II, Full, Course Title, Schedule Days & Time, Approval (If Required), Credit Hours

FINANCIAL AND ACADEMIC OVERLOADS: TOTAL CREDITS: _____
The maximum credit load for summer sessions is 7 credit hours per summer term. The maximum credit load for the fall or spring semester is dependent upon the student's program. ALL OVERLOADS REQUIRE DEAN'S APPROVAL. Dean's Initials: _____
(Financial Overloads above 19 credit hours for Fall and Spring semester may be subject to additional fees.)

By registering in courses at Valparaiso University, I signify my acceptance of the University's academic and non-academic rules and procedures which are available in the Student Guide to University Life. I agree to pay all applicable fees that are assessed according to the rates announced in current University Publications (http://www.valpo.edu/registrar/PoliciesFeesLinks.php) along with costs necessary to collect any amount not paid when due, which include attorney's fees, finance charges, collection costs and all other costs. If I have registered, but do not plan to return next semester, I know I may not drop the last class for which I am registered through the web portal and that I must complete the proper withdrawal process through the Office of the Registrar. I understand that not attending class does not constitute formal withdrawal from a course. I know I will be held responsible for completion of courses under the terms of the registration I have selected and according to the University's published deadlines and policies.

Student Signature: _____ Date: _____

Required Approvals:

Registration Advisor: Printed Name | Signature

Christ College Advisor: Printed Name | Signature

Special Curriculum Advisor: Printed Name | Signature

International Advisor: Printed Name | Signature