

Full Name _____ VU ID # _____ Gender _____

Please Print Last name (Family name), First name (Given name) Middle Name/Initial

Address _____ Apt. _____ City _____ State _____ Zip Code _____

Email Address _____ Phone Number _____ Provider _____

College _____ Class _____ Christ College _____ Special Curriculum _____

Major(s) _____ *Example: Pre-Med*

Minor(s) _____ *A list is available at <http://valpo.edu/academics>*

Student Type _____ *If Visiting, name of home institution* _____

Semester Year _____ Term _____ *Visiting Advisor Approval* _____

Proposed Class Schedule *Please Type or Print*

Dept. & Course No.	Section	Course Title	Cr.	Schedule Days & Time	Approval (if required)

Summer Sessions:
Maximum allowable credit load for summer sessions is 7 credit hours per summer term.

Total Credits:

Fall and Spring Semesters:
Dean's approval required for credit overload. Overloads above 19 credit hours 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 (www.valpo.edu/registrar/policies/policies-and-fees) 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.

Reason for Late Registration

Student Signature _____ **Date:** _____

Required Approvals *Please Print Name AND Sign*

Primary Advisor - 1st Maj _____ **Department Chair** _____

Academic Dean _____ **Provost** _____