

Please complete, print, sign, and submit to:

Valparaiso University | Office of the Registrar | 1700 Chapel Drive | Kretzmann Hall | Valparaiso, IN 46383

Phone: (219) 464 - 5212 | Email: registrar@valpo.edu | Hours: Monday - Friday, 8:00 AM - 5:00 PM Central Time

Fall Spring Summer Year _____

Student Information

VU ID # _____ Full Name _____

Please type or print your name as it is officially recorded with Valparaiso University: Family/Last Name, Given/First Name Middle Name
Maiden/Former Name

Email _____ Phone _____

College _____ Class _____

Major(s) _____ Primary Advisor
- 1st Maj _____

Receive Financial Aid? Yes No If yes, please notify the Office of Financial Aid.

Pre-Registered? Yes No

Housing Deposit Paid? Yes No

Residential Hall _____

Reason

Transfer If transfer, to what school? _____

Not Returning

For statistical purposes, please provide the reason you are transferring or not returning:

Reason

Student Signature _____ Date _____

Primary Advisor Signature _____ Date _____