



REGISTRATION FORM

Office of the Registrar, 3800 Victory Parkway, Cincinnati, OH 45207-3131 Phone 513 745-3941 FAX 513 745-2969

Student I.D. Number _____	Last Name (PRINT CLEARLY) _____	First _____	Middle _____	Religion (circle one) Baptist BP Buddhist BU Church of Christ CC Congregational CG Disciples of Christ DC Episcopal/Anglican EP Hindu HI Islam IS Jewish JE Lutheran LT Methodist MT No religion NR Other Christian OC Other non-Christian ON Other Protestant OP Orthodox Catholic OR Presbyterian PR Roman Catholic RC Unitarian UN
Local Address <input type="checkbox"/> (check if this is a new address) City _____ State _____ Zip+4 _____				
Local Phone _____ (____) _____	This registration is for: Year: _____ <input type="checkbox"/> Fall Select One: <input type="checkbox"/> Spring <input type="checkbox"/> Summer		Division: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> CAPS	Last Semester Attended: _____ / _____ year/term
Business Phone _____	Date of Birth _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship/Country <input type="checkbox"/> USA A <input type="checkbox"/> Permanent Resident (country) _____ P <input type="checkbox"/> Non-Resident (country) _____ F <input type="checkbox"/> Refugee (country) _____ R
		Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race (Mark one or more) 1-American Indian or Alaska Native 2-Asian 3-Black or African American 4-Native Hawaiian or Other Pacific Islander 5-White	

Required: CRN	Subject Area	Course Number	Section Number	Enter "AU" to Audit	Class Title	Credit Hours	Days	Time
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

NOTE: Failure to attend class is not sufficient notice to the University of withdraw in order to qualify for a refund and may result in a punitive grade of "VF" (failure to officially withdraw).

	TOTAL HOURS
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Required: CRN	Subject Area	Course Number	Section Number	Enter "AU" to Audit	Alternate Classes	Credit Hours	Days	Time
1								
2								
3								
4								

Student's Signature _____ Date _____

Advisor's Signature (for undergraduate students only) _____ Date _____

Dean's Signature (if undergraduate taking more than 18 hrs. or graduate more than 15 hrs.) _____ Date _____

White-Registrar, Pink-Student, Gold-Advisor

office use only