



**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 _____	<b>Religion (circle one)</b> Baptist BP Buddhist BU Church of Christ CC Congregational CG Disciples of Christ DC Episcopal/Anglican EP Hindu H 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 _____	<b>This registration is for:</b> Year: _____ <input type="checkbox"/> Fall (09) Select One: <input type="checkbox"/> Spring (01) <input type="checkbox"/> Summer (05)		<b>Division:</b> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> CAPS	<b>Last Semester Attended:</b> _____ / _____ year/term
Business Phone _____	<b>Date of Birth</b> _____	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Citizenship/Country</b> <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
		<b>Ethnic/Racial Origin (circle one)</b> 1-Black, Non-Hispanic 2-Amer. Indian/Alaskan Native 3-Asian/Pacific Islander 4-Hispanic 5-Caucasian, Non-Hispanic 6-Other		

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 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

office  
use  
only