



**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	City		State	
Local Phone	<b>This registration is for:</b> Year: _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer		<b>Division:</b> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> CAPS	<b>Last Semester Attended:</b> _____ / _____ <i>year/term</i>
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>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<b>Race (Mark one or more)</b> 1-American Indian or Alaska Native 2-Asian 3-Black or African American 4-Native Hawaiian or Other Pacific Islander 5-White

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

office use only

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 \_\_\_\_\_