

Registration Form

Student ID# _____ Term Winter 2015

Name: _____

Mailing Address (if changed): _____

Email: _____ Birth Date: _____

ADD/CHANGE (See the Schedule of Classes for Registration Information and Academic Regulations):

CRN	GRADE MODE ¹	SUBJECT & CRSE#	COURSE TITLE	CREDITS	INSTRUCTOR SIGNATURE ²	✓
40839	N	TCE 402	IS: Evoke Therapy Programs Wilderness Program	3.0	Advanced approval received	

1. Standard grading (A-F) or audit. Audit registration is only available during the second week of the term. **S/U GRADE MODE REQUIRES A CHANGE OF GRADING BASIS FORM.**
2. For classes requiring instructor’s approval or for registration after the first week of the term.

DROP/WITHDRAW:

Students who drop or withdraw from a class or withdraw from the university may be eligible for a refund of tuition and mandatory fees. See the Schedule of Classes for details.

CRN	GRADE MODE	SUBJECT & CRSE#	COURSE TITLE	CREDITS		✓

Student’s Signature _____ Date _____