



Registration Form

Office of the Registrar
630-844-5462

- Fall Term 20__
- Spring Term 20__
- May Term 20__
- Summer Term 20__

PLEASE PRINT

Last Name: _____ First Name, Middle Initial: _____ Date: _____ Student ID #: _____

Major(s): _____ Minor(s): _____ Anticipated Graduation Date: _____

Address: _____

Phone: _____ Email: _____ Date of Birth: _____

REGISTER	Grading			Department & Course Number	Section	Course Title	Semester Hours	Days/ Times	Check if Repeat
	Audit	Letter	CR/NCR						

WITHDRAW/DROP	Department & Course Number	Section	Course Title	Semester Hours	Days/ Times

(If this is a total withdrawal, please see the Registrar or your Academic Advisor to complete a Leave of Absence or Withdrawal form)

WAITLIST	Department & Course Number	Section	Course Title	Semester Hours	Days/ Times	Check if Repeat

Please Note: Any Changes To Your Enrollment May Affect Your Financial Aid and/or Athletic Eligibility!

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Approval for Overload Courses (more than 17 semester hours)

FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA): It is Aurora University's policy NOT to release certain information to anyone other than the student unless the student has given us written permission to do so. The Authorization to Release Information form may be accessed via WebAdvisor.

Registrar's Office _____ Date _____

White: Registrar's Office **Yellow:** Student