# Registration Form

**Office of the Registrar**

347 S. Gladstone Ave., Aurora, IL 60506-4892

www.aurora.edu

## Fall Term 20________

## Spring Term 20________

## May Term 20________

## Summer Term 20_______

**PLEASE PRINT**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name, Middle Initial</th>
<th>Date</th>
<th>Student ID Number</th>
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**Permanent Address**

City

State

ZIP

**Local Address**

City

State

ZIP

**Home Phone**

Cell Phone

E-mail Address

Employer

Work Phone

**Date of Birth**

Gender

Marital Status (optional)

Single

Married

Religious Preference (optional)

Racial/Ethnic Origin (optional)

Native American/Alaskan Native

African-American/Black

Hispanic

Caucasian/Non-Hispanic

Asian/Pacific Islander

**Major(s)**

Minor(s)

**Anticipated Graduation Date**

**Grading**

<table>
<thead>
<tr>
<th>Course Record Number</th>
<th>Audit</th>
<th>Letter</th>
<th>CR/NC</th>
<th>Department/Course Number</th>
<th>Section</th>
<th>Title</th>
<th>Semester Hours</th>
<th>Days/Times</th>
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**Total Semester Hours**

**Advisor’s Signature**

**Student’s Signature**

**Approval for Overload Courses** (more than 17.00 semester hours)

Approved

Professional Advisor/Registrar/Program Director

Minimum GPA met

**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 express written permission to do so. The Authorization to Release Information form may be accessed through WebAdvisor.

White: Registrar’s Office     Yellow: Student     Entered by ___________________________ Date ___________________________