

REGISTRATION FORM

VIRGINIA STATE UNIVERSITY
Registrar's Office
Box 9217
Petersburg, VA 23806

IMPORTANT: Please print legibly to ensure accuracy of all information.

SEMIESTER: ___ Fall ___ Spring ___ Summer ___ Year _____

Graduate ___ Undergraduate ___ 2nd Degree Undergraduate

ALREADY HOLDS A BACHELOR'S DEGREE: ___ Yes ___ No

MAJOR: _____

SCHEDULE APPROVAL: _____ (Advisor's Signature)

TOTAL HOURS: _____

*OVERLOAD CREDIT HOUR WAIVER _____ Advisor's Signature
* Maximum Course Load Hours = 18

STUDENT ID NUMBER: _____

NAME: _____ Last _____ First _____ Middle _____ Maiden _____

LOCAL ADDRESS: _____

City _____ State _____ Zip Code _____ Phone Number _____

PERMANENT ADDRESS: _____

City _____ State _____ Zip Code _____ Phone Number _____

PREFERRED COURSES

COURSE ID	COURSE TITLE	SEC	CREDIT HOURS	TIME	DAYS	COURSE ID	COURSE TITLE	SEC	CREDIT HOURS	TIME	DAYS

ALTERNATE SELECTIONS

CONFIRMATION: I CERTIFY that the above information listing my home and local addresses, telephone numbers, major and school is correct.

FURTHERMORE, I understand that I am to attend only the sections (meeting times) of the classes that will be listed on my computer printout. If I fail to do so, I will receive an "F" in the course(s) for which I am registered and will not receive a grade for the section(s) I attended.

ALSO, if a section that I am requesting is closed and another is open that will not conflict with my other classes, I will be enrolled into the open section, not the one listed on this form.

Student's Signature

Date