REGISTRATION FORM/WORKSHEET

Slippery Rock University
Academic Records & Registration
Old Main, Suite 107 Phone: 724.738.2010

TERM_____ YEAR_____

NOTE: Independent Study, Individualized Instruction & Internship(s) require a special form with written department approval **PRIOR** to registration.

NAME _____ _____ _____ A0 _____
Last First Middle/Maiden Student ID

If you plan to graduate within the next four semesters, please apply to graduate on **MySRU>>Student Links>>Graduation**

COURSE TITLE	CRN Course Reference Number	DEPT.	COURSE NO.	SECTION NO.	S.R.U. REPEAT	CHECK P-NC	DAYS OF WEEK	START/ END TIMES	SEM HRS.
********** TOTAL SEMESTER HOURS									

STUDENT'S SIGNATURE _____ DATE _____

ADVISER'S SIGNATURE _____ DATE _____
(not required for summer)