REGISTRATION FORM

University of Rio Grande
Rio Grande, OH 45674

STUDENT ID:
COLLEGE CODE:

Last Name | **Maiden Name** | **First Name** | **M.I.** | **Division**

U - Undergraduate
G – Graduate

Street Address

City | **County** | **State** | **Zip Code** | **S. S. #** | **Date of Birth**

Phone | **Major** | **Concentration** | **E-mail Address**

M. Ed.

Office Use only
Cumulative HRS:

Enrollment:
1 – Returning
2 – New
3 – Re-admitted
4 – Transfer
5 – Special
6 - Masters

Sex
M – Male
F – Female

Marital Status
1 – Single
2 – Married
3 – Separated
4 – Divorced
5 – Widowed

Residency Status
C – Commuter
R – Dorm Resident

Academic Period
11 – Fall
31 – Spring
41 - Summer

Veteran Benefits
1 – G.I. Bill
2 – Dependent Benefits
3 – Disabled
4 – National Guard
5 – Army Reserve
6 – Other Reserve

Ethnicity
1 – African American
2 – American Indian or Alaskan
3 – Asian
4 – Hispanic
5 – White/Non-Hispanic
6 – Foreign

THIS DATA IS REQUESTED BY THE U.S. GOVERNMENT TO DEMONSTRATE TO THE DEPT. OF HEALTH, EDUCATION, AND WELFARE, THE UNIVERSITY OF RIO GRANDE COMPLIANCE WITH 1964 CIVIL RIGHTS ACT

ADVISOR/CODE | STUDENT SIGNATURE | DATE | Location – Chillicothe, Columbus, Hamilton Portsmouth, Rio Grande

By signing this I acknowledge that I understand that I am registering for the following classes as agreed upon by myself & my advisor during the registration process. I will consult my advisor and follow proper Drop/Add procedures should changes need to be made to my schedule.

Dept Name	Course # /Cr Hrs	Section	LAB	Course Description	Class Days M	T	W	R	F	Class Time Start	End	BLDG	Room