



Student and Alumni Services  
 900 Dayton Street, Yellow Springs, OH 45387-1609  
 Phone (937) 769-1818 | Fax (937) 769-1804

## Registration Form

Quarter (circle one):						Summer	Fall	Winter	Spring	Year: 20__
Name:						Social Security #:				
Address:						_____ Check here if new address/phone				
City:			State:			Zip:				
Home Phone:			Work Phone:			Email:				
Degree Program (circle one):						B.A. Completion    Teacher Licensure    M.Ed.    OPL Professional Development <b>OR</b> Project Management Certificate				

**If you wish to register for a course that has a pre-requisite and you have not completed that pre-requisite, the signature of your advisor is required in order for you to register for the course. If you wish to register for co-requisites (taking a course and it's pre-requisite in the same quarter) you will also need to have your advisors signature.**

Course & Section #	Full Course Title	Credits	Advisor/Instructor Signature (if required)
Student's Signature:			Date:
Registrar's Office Signature:		Date:	Registered? __ Y __ N