Enrollment Form

(Not to be used for add/drop or intercampus enrollments)

Upon completion, submit this form to the Office of the Registrar Health Campus at registrar.health@ou.edu

STUDENT INFORMATION

Student's Name (Last, First, Middle) _____ Student ID _____

Enrollment Semester _____ Enrollment Year _____

College _____ Program _____ Proposed Total Hours _____

SCHEDULE

Class Nbr (5 digits)	Subject	Catalog # (4 digits)	Section # (3 digits)	Total Hours/ Units	Course Title	Instructor Name

AUTHORIZATION

The schedule above lists my desired class enrollment for the semester indicated.
To cancel my enrollment, I must notify my advisor and complete the cancellation request prior to the first day of class.

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

ADMINISTRATIVE USE ONLY

Processed By _____ Date _____ Comments _____