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

Late Enrollment Fee:

- ◯ Waived - Term has begun but late fee not charged.
- ◯ Applied - Enrollment processed after cancellation period.

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