Enrollment Form

STUDENT IDENTIFICATION INFORMATION

Enrollment Semester _____ Enrollment Year _____

Student's Name (please print) _____ Student ID Number _____ Telephone _____

College _____ Program _____ Year in Program _____ Expected Graduation Date _____

For intercampus enrollment only:

- ◯ Health Campus Student Taking Norman Campus Courses
- ◯ Norman Campus Student Taking Health Campus Courses

AUTHORIZATION

The schedule below lists my desired class enrollment for the semester indicated. Also, 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 _____

SCHEDULE

Class Nbr	Subject	Course #	Section #	Hours	Course Title	Instructor

ADMINISTRATIVE USE ONLY

Processed By _____ Date _____ Comments _____