

# Registration Worksheet

Circle One: Spring \_\_\_\_/Summer \_\_\_\_/Fall \_\_\_\_

**Instructions:**

- Take this worksheet with you when meeting with your advisor – your advisor must give clearance via Oasis to enable you to register online.
- To register in person, bring completed worksheet with you to the Registrar’s Office. Make sure to have all necessary signatures completed.

Last Name	First Name	Middle	Your Completed Credits	Today’s Date
7-digit Oglethorpe ID#:		Your Major:		ADVISOR:
		Your Minor:		Advisor Office #:

Bills and grades are not mailed. See your online profile for your billing information and grades.  
*Please verify address/phone information below.*

Billing Address?	Parents' Address?	<b>Verify Current Address Information</b> <i>Is this a change of address? Yes <input type="checkbox"/> No <input type="checkbox"/></i>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>Permanent Home Address:</b>	<i>Cross out &amp; write correct address(es)/phone(s) if any printed information is incorrect.</i>	
<b>Please check BOX above and below as appropriate for permanent and other address</b>		<b>Address Line 1</b>	→	
		<b>Addr Ln 2 (or City, St, Zip)</b>	→	
		<b>Addr Ln 3 (or City, St, Zip)</b>	→	
		<b>Home Phone #</b>	→	
		<b>Local or Cell #</b>	→	
<input type="checkbox"/>	<input type="checkbox"/>	<b>Other/Mailing Address (if different than above):</b>		

**Student’s Signature:** \_\_\_\_\_  
(Signature confirms all information on form is accurate)

**Advisor Signature:** \_\_\_\_\_  
(Signature ONLY needed if not cleared to register online)

<b>COURSE REGISTRATION PLANNING</b>						<b>Faculty Override Permissions</b> (Provide signature below– NOT initials)		
Course prefix & # <i>example, COR-102</i>	Section# <i>ex., - 01</i>	Course Title (Abbreviation)	Hrs	Course Instructor	Start Time/ Days of Wk	Sign below if “Permission of the Instructor” is req’d	Sign below to Override/OK “Pre-req Not Met”	Sign to allow/OK to register in “Full Section”

**Student Acceptance of Responsibility:**

By completing a registration transaction either online or using this form, I accept full responsibility for all relevant University policies regarding my registration. I have read and understand Section 4.8 of the Oglethorpe University Bulletin (Financial and Financial Aid Consequences of Dropping and Adding Courses, Withdrawing from Individual Courses, and Withdrawing from the University). I agree to reimburse Oglethorpe University the fees of any collection agency, which may be based on a percentage at a max of 33.3% of the debt, and all costs and expenses, including reasonable attorney fees Oglethorpe incurs in such collection efforts. I acknowledge academic responsibility for my registered courses. While advisor’s signature indicates that I have consulted with him/her regarding course selection, my registration online and/or submission of this registration form indicates that I understand how these courses relate to my major and/or impact my academic progress toward completion of graduation requirements. It is my responsibility as an Oglethorpe University student to understand the University Bulletin’s academic regulations and policies, including all graduation requirements.

In order to be considered a full-time student to receive state, federal or University financial aid, I must enroll in 12+ hours per Fall or Spring semester and 6+ hours per Summer semester. If I drop or withdraw from class(es) while receiving financial aid, I understand it may result in the termination or reduction of financial aid from a state, federal or institutional source. I authorize demographic changes if I have noted them above.