



**OAKWOOD UNIVERSITY
FULL YEAR REGISTRATION FORM
ACADEMIC YEAR _____**

Student ID# _____ Name _____ Class (check one): **FF** **FR** **SO** **JR** **SR**

Major (s): _____ Minor (s): _____

Local/Campus Address: _____ City/State _____ Zip _____

Home Phone: _____ Cell Phone: _____ OU E-mail: _____@oakwood.edu

Courses for FALL Semester _____					Courses for SPRING Semester _____				
Course Code	Course Title	Cr Hrs	Start Time	Days	Course Code	Course Title	Cr Hrs	Start Time	Days
Total Hours for FALL					Total Hours for SPRING				

Alternate Courses: _____

Comments: _____

I, the undersigned student, accept sole responsibility for registering for the following course (s), as approved by my faculty/academic advisor. I understand that failure to register for the course (s) for which I have been approved may impede my degree program. Further, I agree that I will be held liable for any tuition and fees incurred by such registration - whether online or in-person – in accordance with the University’s policies as published in the current bulletin.

Student Signature _____ **Date** _____

Advisor Name (Please print): _____ Advisor Signature _____ Date: _____