



AURORA UNIVERSITY

347 S. Gladstone Ave., Aurora, IL 60506-4892
www.aurora.edu

Registration Form

Office of the Registrar

630-844-5462

Fall Term 20_____

Spring Term 20_____

May Term 20_____

Summer Term 20_____

PLEASE PRINT

Last Name	First Name, Middle Initial	Date	Student ID Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Address _____

City _____

State _____

ZIP _____

Local Address _____

City _____ State _____ ZIP _____

Home Phone _____ County _____

Cell Phone _____ E-mail Address _____

Employer _____ Work Phone _____

Date of Birth _____ Gender M F Marital Status (optional) Single Married

Religious Preference (optional) _____ Racial/Ethnic Origin (optional)

Native American/Alaskan Native African-American/Black Hispanic

Caucasian/Non-Hispanic Asian/Pacific Islander

Major(s) _____ Minor(s) _____ Anticipated Graduation Date _____

Grading

Please note **repeated** courses in left margin

Course Record Number	Audit	Letter	CR/NCr	Department/Course Number	Section	Title	Semester Hours	Days/Times

Total Semester Hours

Advisor's Signature

Student's Signature

Approval for Overload Courses (more than 17.00 semester hours)

Approved Professional Advisor/Registrar/Program Director _____

Minimum GPA met

FAMILY EDUCATION RIGHTS AND PRIVACY ACT (FERPA): It is Aurora University's policy NOT to release certain information to anyone other than the student unless the student has given us express written permission to do so. The Authorization to Release Information form may be accessed through WebAdvisor.

White: Registrar's Office Yellow: Student Entered by _____ Date _____