STUDENT REGISTRATION FORM

Instructions
1. Please complete this form with the assistance of your advisor.
2. Refer to the Schedule of Classes publication at www.registrar.duq.edu for registration procedures and deadlines. Deadlines and refund schedules also appear in the University Academic Calendar.
3. Students who do not attend are responsible for full payment of charges unless the student has notified their advisor in writing prior to the start of classes.
4. No courses may be added or dropped after the deadline. Students will receive a grade of "W" if withdrawing from a course after the published registration deadline.
5. Students expecting to graduate must file a Degree Application with the Office of the Registrar. The deadline for application is published in the Academic Calendar at www.registrar.duq.edu.

Name: __________________________ Signature: __________________________ Date: __________________________

Banner ID: __________________________ School: __________________________ Date of Birth: __________________________

LOCAL ADDRESS: __________________________

PERMANENT ADDRESS: __________________________

LOCAL PHONE: __________________________ PERMANENT PHONE: __________________________

Citizenship: ___ U.S. Citizen ___ Non-Resident Alien ___ Resident Alien Gender: ___ F ___ M

Optional:
Ethnicity: ___ American Indian ___ Asian/Pacific Islander ___ Black/African American ___ Caucasian ___ Hispanic
Religious Affiliation: ___ Anglican/Episcopalian ___ Buddhist ___ Baptist ___ Catholic ___ Hindu ___ Islamic ___ Jewish ___ Lutheran ___ Mennonite ___ Methodist ___ Orthodox ___ Pentecostal ___ Presbyterian ___ Protestant ___ Quaker ___ Other

Academic Schedule Year: 20________ Semester: ___ Fall ___ Spring ___ Summer

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<th>CRN</th>
<th>Subject Code</th>
<th>Course No.</th>
<th>Sect. No.</th>
<th>Credit</th>
<th>Course Title</th>
<th>Days</th>
<th>Times</th>
<th>Location</th>
<th>Instructor Signature*</th>
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*Instructor signature is required when adding a restricted section.

Approvals:
Advisor: __________________________ Date: __________________________

Dean: __________________________ Date: __________________________

Registrar: __________________________ Date: __________________________