COURSE REGISTRATION FORM

Please fill out completely so that your registration may be processed promptly.

Name _____ ID No. _____
(last) (first) (middle/maiden)

Address _____ Sex: Male ❑ Female ❑

City _____ State _____ Zip _____

Social Security Number _____ Phone Number_____ Email _____

❑ **Please send me a campus map.**

Please register me in the following:

DEPT/ No/Sec	COURSE TITLE	TERM	Credit Hours

Required for registration: (please check one):

1. What is your current status?

❑ Freshman ❑ Sophomore ❑ Junior ❑ Senior ❑ Graduate Admitted
(Students who have applied & been admitted to Graduate School at Augustana)

❑ Postcollege (Students with bachelor's degree requesting undergraduate credit)

2. Have you earned credit from Augustana previously? ❑ Yes ❑ No If yes, when? _____

Tuition and Fees

Registration for a class does not require a deposit or full payment; however, fees must be paid on or before the first day of class, unless satisfactory arrangements have been made with the Business Office. Please complete the following:

$ _____ Amount per course (see section on Financial Information)

$ _____ Total enclosed. (Please make check payable to Augustana College)

❑ I will pay on or before the 1st day of class.

MAIL TO: **Registrar's Office**
Augustana College
2001 South Summit Avenue
Sioux Falls SD 57197

FAX TO: **Registrar's Office**
605-274-4450