

**AUGUSTANA UNIVERSITY
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 _____ Birthdate _____
Social Security Number _____ Phone Number _____ Email _____

Ethnicity: (please check one)

AM-Amer Indian/Alaskan Nat AS-Asian/Pacific Islander BL-Black HI-Hispanic
 NO-Non-resident Alien UN-Unknown/other WH-White, non-Hispanic Prefer not to answer

What is your current status? (please check one) Freshman Sophomore Junior Senior Other
 Postcollege (Students with Bachelor's degree requesting undergraduate credit)

Graduate Admitted (Students who have applied & been admitted to Graduate School at Augustana)

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

Please send me a campus map.

Please register me in the following:

Dept/No/Sec	COURSE TITLE	TERM	Cr Hrs



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 University)

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

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

**EMAIL TO:
 registrar@augie.edu**

Signature _____ Date _____