

REGISTRATION FORM/WORKSHEET
Slippery Rock University
Academic Records & Registration
Room 107, Old Main Phone: (724) 738-2010

TERM _____ **YEAR** _____

NOTE: Independent Study, Individualized Instruction & Internship(s) require a special form with written department approval **PRIOR** to registration.

NAME _____
Last
First
Middle/Maiden
A0
Student ID

If you plan to graduate within the next four semesters, please apply to graduate on **MySRU>>Academics Tab>>Graduation portlet.**

COURSE TITLE	CRN Course Reference Number	DEPT.	COURSE NO.	SECTION NO.	S.R.U. REPEAT	CHECK P-NC	DAYS OF WEEK	START/ END TIMES	SEM HRS.
***** TOTAL SEMESTER HOURS									

STUDENT'S SIGNATURE _____ DATE _____

ADVISOR'S SIGNATURE _____ DATE _____
(not required for summer)

To register on-line, you will need your SRU Network User Name and Password.