SEMESTER/TERM _____20___

DATE _____

Registration Alternate Pin Number:

Samford University
MetroPrograms
Registration Form

(The Registration Alternate Pin Number is required for registration or schedule change. Contact your academic adviser for this number.)

KEEP THIS FORM FOR COURSE REFERENCE [LISTED BELOW] AND PIN NUMBER IN CASE A SCHEDULE CHANGE OCCURS.

Please Print: Name:_____
(Last) (First) (Middle)

SU ID #: _9_ __ __ __ __ __ __ __ __ E-mail Address:_____@samford.edu

Address:_____

City:_____ State:_____ Zip:_____ Home Phone:_____

Employer:_____ Work Phone:_____Cell Phone:_____

SUGGESTED COURSE(S)—Students are limited to two courses per nine-week term.
Refer to course of study and/or catalog description of course(s) for verification of requirements and prerequisites.

CRN	Subject	Course #	Section	Title	Days	Time	Credit
					TOTAL CREDITS		

To complete registration go to www.samford.edu, and enter the Samford University Campus Portal using your Samford username and password.

NOTES:

I understand that it is ultimately my responsibility to meet degree requirements, so I will consider the advice of my adviser and accept responsibility for the courses in which I register. Additionally, it is my responsibility to know the academic calendar, including all add, drop, and withdrawal deadlines.

Your Signature:_____ Adviser's Signature:_____

Please note that more than seven credit hours per term or 13 credit hours per semester is considered an overload and requires the executive director's approval. A Course Overload Form can be completed online at www.samford.edu/schools/metro/aeu/overload.html. This form must be printed and faxed to 726-2191 or presented to the office in 101 Dwight Beeson Hall for the appropriate signatures.