REGISTRATION FORM

Office of the Registrar registrar@aurora.edu | 630-844-5462 | Eckhart Hall 103

Registration Processor Signature (if other than advisor)



Date

Last Name					First Name, Middle II	First Name, Middle Initial			AU ID		
Term (FA/SP/SU)	Year	Register	Waitlist	Drop/Withdraw	Department-Course Number	Section	Credit Hours	Days/Times	Grading (Letter unless Audit or Cr/NCr indicated)	Check if Repeat	
 PLEASE NOTE: If you are wishing to withdraw for an entire term, please file a Request for a Leave of Absence/Withdrawal through Self-Service. Any changes to your enrollment may affect your financial aid, residence life, and/or athletic eligibility. It is Aurora University's policy NOT to release certain information to anyone other than the student unless the student has given written permission to do so by filing a FERPA Authorization to Release Information through Self-Service. 											
Student Signature (or "X" to indicate attached email in lieu of signature)									Date		
Advisor Signature (indicate current GPA for approved overload above 18 credit hours)									Pate		