



Emporia State University Enrollment Form

 FALL
 SPRING
 SUMMER
YEAR _____

Check Appropriate Box

Use Separate Forms for Each Semester

(Please Print) Last Name _____

First Name _____

Middle Name _____

Social Security No. or Student ID No. _____

USE THIS FORM FOR INITIAL ENROLLMENT. USE THE "CHANGE OF REGISTRATION" FORM TO CHANGE YOUR SCHEDULE THROUGH THE FIRST TEN DAYS OF CLASSES.

	Prefix	No.	Sect.	Cr. Hrs.	Course Title	Times	Days	Instr/Dept Permission
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
----	----	-----	----	----	-----List alternate course below-----	-----	-----	-----
1								
2								
3								

WARNING – YOUR ENROLLMENT MAY BE CANCELLED FOR FAILURE TO FOLLOW INSTRUCTIONS OR FOR VIOLATION OF UNIVERSITY REGULATIONS GOVERNING CLASS REGISTRATION, OVERLOADS, FEE PAYMENT, ETC

Advisor Signature _____ Department _____

Student Signature _____ Date _____

OVERLOAD: See your Advisor (Undergraduate: over 18 hrs, Graduate over 16hrs, Grad. Ass't over 12 hrs)