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 _____

Ethnic: (please circle 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

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

FAX TO: **Registrar's Office**
605-274-4450

EMAIL TO:
registrar@augie.edu

Signature _____ Date _____