

**University of Northern Iowa
Registration Form**

Semester (Summer / Fall / Spring): _____

Name: _____
Last
First
Middle/Maiden

Student Number: _____ SSN: _____

Class Schedule:

Identify the courses which need special attention in the "SPEC" column with the following abbreviations: Rep = Repeat; Aud = Audit; and Ung = Ungraded. Prior to registering, students must ensure that holds have been removed and necessary course approvals entered by appropriate offices.

SPEC	Department Number	Course Number	Section Number	Credit Hours	Time Hours/Days	Course Title	Instructor	Dept Use Only Approved
Total Hours: _____					Approved: _____ Advisor's Signature			

Student's Signature: _____ Today's Date: _____

1. Will you be receiving Veterans benefits?
 Yes: _____ No: _____

2. Anticipated Graduation
 Month: _____ Year: _____

3. Marital Status
 Married: _____ Married w/ Children: _____
 Single: _____ Single w/ Children: _____

4. Have you lived outside the state of Iowa for more than a year since you were last enrolled?
 Yes: _____ No: _____

THIS FORM CAN BE USED FOR REGISTERING BY MAIL (LIMIT 1 OR 2 CLASSES).

If registering by mail, please complete all requested information (both above and below), and mail it to:

University of Northern Iowa
 Office of the Registrar
 Gilchrist Hall 115
 Cedar Falls, IA 50614-0006
 Fax: (319) 273-6792

IN SESSION SCHOOL ADDRESS (This will be used for mailing while the University is in session)

 Street Address City State Zip Phone

INTERIM ADDRESS (This will be used when mailing your grade reports, student bills, and other mails between sessions.)

 Street Address City State Zip Phone