

# Registration Form for Mount Union Graduates

Last _____ First _____ MI _____	ID Number _____ Term & Year _____
Address _____	Pursuing _____ Licensure _____ Other _____ Graduation Date _____
City _____ State _____ Zip _____	Completed Major _____ Date _____
Cell Phone # _____	
Home Phone # _____	

**ADD THE FOLLOWING COURSE SECTIONS:**

Course #	Sect. #	Course Title	Cr. Hrs.	Option	Faculty Approval for Closed Class

Semester Hours Added: \_\_\_\_\_

**WITHDRAW THE FOLLOWING COURSE SECTIONS:**

Course #	Sect. #	Course Title	Cr. Hrs.	Option	Last Attended	Grade	Instructor's Signature

Semester Hours Withdrawn: \_\_\_\_\_

Total Semester Hours After Change: \_\_\_\_\_

Dean's Approval For Overload: \_\_\_\_\_

I certify that, to the best of my knowledge, I have met all the requirements necessary to make the changes requested above.	I support the requested changes and certify that they are consistent with the student's program of study.
_____ Student's Signature                      Date	_____ Advisor's Signature                      Date