



**OAKWOOD UNIVERSITY
REGISTRATION FORM
FA _____ SP _____ SU _____**

ID#: _____ Name _____

Classification: _____ Social Security No. _____

Major 1: _____ Minor 1: _____

Cell Phone: _____ Home Phone: _____

Local/Campus Address: _____

City/ State _____ Zip Code _____

E-mail Address: _____ @ oakwood.edu

Course No.	Sec. No.	Course Description	Credit Hours	Beg Time	End Time	Mtg Days
Total Hours						

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Registrar Signature _____ Date _____

_____ **Yes, this student is financially cleared. (Students Accounts Only)**

Student Accounts Signature _____ Date _____