OAKWOOD UNIVERSITY
LATE REGISTRATION FORM

[Note: **A late fee of $172.00 will be applied to your account**]

Fall Term: ______  Spring Term: ______

Classification: □ Freshman  □ Sophomore  □ Junior  □ Senior  □ Other ________________

ID#: ___________________________  Name ________________________________

Major 1: __________________________  Minor 1: __________________________

Cell Phone: __________________________  Home Phone: __________________________

Local/Campus Address: __________________________

City/ State________________________  Zip Code________________________

E-mail Address: __________________________  @ oakwood.edu

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<tr>
<th>Course No.</th>
<th>Sec. No.</th>
<th>Course Description</th>
<th>Credit Hours</th>
<th>Beg Time</th>
<th>End Time</th>
<th>Days</th>
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Total Hours ________________

Student Signature ___________________________________________  Date ______________________

Advisor Signature ___________________________________________  Date ______________________

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

Student Accounts Signature ___________________________________  Date ____________________

Registrar Signature _________________________________________  Date ____________________