Student ID# _____

Name (last, first) _____

Heidelberg Email _____
Telephone _____

Advisor Name _____

MA in Education ___   **MA in Counseling** ___

Master of Business Admin. ___   **Master of Music Education** ___

Graduate Coursework Only ___

Heidelberg
U N I V E R S I T Y

Office of the Registrar

**Graduate Registration
Form**

Registration Info. (Add/Drop)		For complete program withdraw, see OASIS		
	CRN#	**Subject/Course (Ex. GSB 511)**	**Section**	**Hours**
□ Drop □Add				
□ Drop □Add				
□ Drop □Add				
□ Drop □Add				

- This form is used to register beyond the last day to add, request to enroll into more than 12 hours in one full semester; or, drop beyond the last day to drop. All other registrations are completed online in OASIS.
- Fax to 419-448-2122 or to the appropriate departmental assistant. Email and phone requests to drop classes will not be accepted.
- Course Reference Numbers (CRN's) are obtained in OASIS.
- It is your responsibility to see what was/was not processed from this form. Your OASIS account will reflect changes within 3 business days of receipt.
- Fee refunds (if applicable) will be calculated from the date the form is received in the Office of the Registrar. The fee refund schedule can be found online at Inside/Business Office.
- Courses dropped after the last day to drop will result in a "WF" on the transcript. Academic Calendars by program are available on Inside/Academic Calendars if you are unsure of the last day to drop.

I have read and understand the statements above. I accept responsibility for the courses selected & their applicability toward the university degree requirements. I also accept responsibility for payment of tuition & fees and for understanding the university refund policy. I understand that I am responsible to check my registration via OASIS prior to the first day of classes to ensure accuracy and to be informed of any schedule changes.

_____   _____
Student signature required to process   **Date**

___ Requesting approval for late course add or late drop

_____   _____
Signature of Program Director   Date

___ Requesting approval of late course drop to not count in GPA
    Rational must be provided

_____   _____
Signature of Provost   Date

___ Requesting approval for more than 12 hours in program

_____   _____
Signature of Program Director   Date

Registrar/Banner Regis. Card/Graduate   Revised 11/2016