



**WALSH UNIVERSITY**  
A Catholic University of Distinction

**Office of the Registrar**  
2020 East Maple Street  
North Canton, Ohio 44720  
Phone: 330.490.7367  
Fax: 330.490.7372  
Email: registrar@walsh.edu

# PRE-REGISTRATION FORM

During your advising session, verify with your advisor that a course is appropriate to take for your degree requirements. You are responsible for your degree requirements. Please consult the University catalog for verification as well as consulting with your advisor.

|                |          |
|----------------|----------|
| NAME           | SEMESTER |
| STUDENT ID/SSN | YEAR     |

| CRN # | DEPT. | CAT. NO. | COURSE NAME | CREDITS | AUDIT | PASS/FAIL | TIME | M | T | W | R | F | S | BLDG/RM |
|-------|-------|----------|-------------|---------|-------|-----------|------|---|---|---|---|---|---|---------|
| 10010 | BIO   | 101A     | ANIMAL      | 3       |       |           | 6-9  |   | X |   |   |   |   | SC 109  |
|       |       |          |             |         |       |           |      |   |   |   |   |   |   |         |
|       |       |          |             |         |       |           |      |   |   |   |   |   |   |         |
|       |       |          |             |         |       |           |      |   |   |   |   |   |   |         |
|       |       |          |             |         |       |           |      |   |   |   |   |   |   |         |
|       |       |          |             |         |       |           |      |   |   |   |   |   |   |         |
|       |       |          |             |         |       |           |      |   |   |   |   |   |   |         |
|       |       |          |             |         |       |           |      |   |   |   |   |   |   |         |
|       |       |          |             |         |       |           |      |   |   |   |   |   |   |         |
|       |       |          |             |         |       |           |      |   |   |   |   |   |   |         |
|       |       |          |             |         |       |           |      |   |   |   |   |   |   |         |
|       |       |          |             |         |       |           |      |   |   |   |   |   |   |         |
|       |       |          |             |         |       |           |      |   |   |   |   |   |   |         |
|       |       |          |             |         |       |           |      |   |   |   |   |   |   |         |
|       |       |          |             |         |       |           |      |   |   |   |   |   |   |         |
|       |       |          |             |         |       |           |      |   |   |   |   |   |   |         |
|       |       |          |             |         |       |           |      |   |   |   |   |   |   |         |

TOTAL:  (12 credits or more = full-time)

## TO BE COMPLETED BY ADVISOR

COMMENTS:

---

STUDENT HAS PERMISSION TO REGISTER FOR MORE THAN 20 CREDIT HOURS.  
\* CREDIT HOURS ABOVE 18 WILL INCUR ADDITIONAL CHARGES

ADVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## TO BE COMPLETED BY STUDENT

Your enrollment at the University creates an implied contract for payment of tuition and fees. If you choose not to attend the University, you must officially withdraw from all courses during the first 5 business days of classes or you must pay all charges in full. Student accounts will become delinquent in excess of 150 days. Walsh University has the right to forward my account to a collection agency, and I will be responsible for all related collection costs of approximately 35%.

I agree to process this schedule as approved by my advisor. If I alter this schedule in any way, I agree to be held responsible for notifying my academic advisor and will be held responsible for any consequences resulting from any unapproved changes. (Note: Student athletes must also notify the athletic academic advisor.)

I authorize the School to contact me at the current or any future number that I provide for my cellular phone or other wireless device using automated telephone dialing equipment or artificial or pre-recorded voice or text messages.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_