



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	TIME	M	T	W	R	F	S	BLDG/RM
10010	BIO	101A	EXAM	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 within the first week 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.)

STUDENT'S SIGNATURE	DATE
---------------------	------