

*Registration Form*

**EAST - WEST  
UNIVERSITY**

**Records Office**

816 S. MICHIGAN AVE.

CHICAGO, IL 60605

**www.eastwest.edu**

Phone: 312-939-0111

Fax: 312-939-0083

**PLEASE PRINT NEATLY - ALL FIELDS REQUIRED**

Last Name	First Name	M.I.
Student ID # OR SS#		
Email Address		
Registration Term (Circle one)		
FA	WI	SP SU
Year:	20_____	

Street Number & Name			Home Phone	Cell Phone
City	State	Zip Code	Degree Type (Circle one):	Major
			AA/AAS BA/BS Cert.	

**CLASS REGISTRATION**

	ID	SEC	COURSE TITLE	TIME	DAY	CREDIT HRS	COI*
Example:	<i>HM 120</i>	<i>2</i>	<i>Introduction to Music</i>	<i>2:45-4:00pm</i>	<i>MW</i>	<i>4</i>	<i>B.M.</i>
<b>C O U R S E S</b>							

REGISTRATION FOR LESS THAN 16 CREDIT HOURS MIGHT RESULT IN REDUCTION OF FINANCIAL AID AWARD; YOU MUST SUBMIT A REQUEST FOR OVERLOAD FORM TO THE RECORDS OFFICE FOR ANYTHING BEYOND 16 HOURS

Total Credit Hours

\_\_\_\_\_

\*COI: Consent of Instructor - This space must contain a signature only if the course requires consent of instructor as a prerequisite.

<b>I certify that the above information is accurate &amp; complete.</b>	
_____	_____
Student Signature	Date
_____	_____
Advisor/Counselor Signature	Date
_____	_____
Financial Aid Signature	Date
<small>In accordance with the Family Educational Rights and Privacy Act of 1974, all information provided to East-West University will be kept confidential.</small>	

**You must submit this form in order to complete registration.**