HAMPTON UNIVERSITY

Ms.
Mr.

Name (Last, First, Middle) PLEASE PRINT CLEARLY   **Date (Month, Day, Year)**

Local Address-Number & Street   **Student ID Number**

City   **State**   **Zip Code**   **Telephone Number-Local**

Major

*SU-Satisfactory/Unsatisfactory
*AU- Audit
*RI-Repeat
Must be entered by the Registrar

Course request Worksheet   **Grade Type   DRP=Drop   VAR= Variable LVL= Level**

Course Reference No. (CRN)					Course Code		Number		Section	L V L	Cr. Hrs.	*SU *AU	A D D	D R P	V A R	Days	Room	Time
													R	D	V			
													R	D	V			
													R	D	V			
													R	D	V			
													R	D	V			
													R	D	V			
													R	D	V			
													R	D	V			

TOTAL CREDIT [   ]   **(ADD) (VARIABLE CREDIT COURSE)**
Please Circle R, D, or V

Term:_____ Indicate the year and semester
(example: 200630, 2006 for the year and 30 for Fall)
Semester = 10 for Spring, 20 for Summer, 30 for Fall.

Indicate if you did ___or did not ___ pre-registrar for this term.

Students must complete the Web Registration Process to register for course. (See instructions in the right column and in the Student Scheduling Guide). **Students must be financially cleared before using the Web.**

The tuition charge will be based on courses of record for which the student is registered on the last day for adding course. After this date, there will be no cancellations of tuition charges for students still enrolled.

Student's Signature   Date

Advisor's Signature   Date

Dean/Chairperson's Signature (if required)   Date

University Provost (if required)   Date

White-Registrar   Yellow-Department   Pink-Student