REGISTRATION FORM - SUMMER 2009

Division:

❑ Arts and Sciences ❑ Business Administration ❑ Graduate
❑ University College ❑ Visiting Student ❑ Nursing
❑ Pharmacy and Health Professions

Soc. Sec. No. _____ / _____ / _____ NetID _____

Name: _____ ❑ Female ❑ Male
Last (Family) Name First Middle

Address: _____ Phone: (___) _____ Cell: (___) _____
Number and Street City State Zip

Date of Birth: ____/____/____ Place of Birth: _____ Citizen of USA or _____ VISA Type _____

To Comply With Federal Law, Creighton Is Required to Provide the Following Racial/Ethnic Information (Check One)

❑ Non-Resident Alien
❑ Hispanic
❑ Asian or Pacific Islander
❑ Black, Non-Hispanic Origin
❑ American Indian or Native Alaskan
❑ White, Non-Hispanic Origin

Do you have a physical handicap or disability that may require special provisions or services from Creighton? ❑ Yes ❑ No

Name Under Which You Were Last Enrolled If Different From Above_____
Last First Middle

Are you: ❑ Degree seeking ❑ Certificate Seeking ❑ Non-Degree Seeking
Major _____ Month and Year Degree Expected _____/_____

Are you a High School Grad? ❑ Yes ❑ No Have you had any College Education? ❑ Yes ❑ No Degrees Held_____

Have you been dismissed during the last calendar year from any educational institution? ❑ Yes ❑ No

Have you ever taken Credit Courses at CU? ❑ Yes ❑ No When? ❑ Fall ❑ Spring ❑ Summer _____(Year) Which Division _____

Term	CRN	Dept.	Course	Sec.	Course Title	Credit

Students enrolling in Creighton University signify their compliance with the following statement upon Registration: By enrolling in Creighton University, I agree that I will comply with all rules, regulations, directives, and procedures of the University, and I understand that my failure to do so will be grounds for dismissal or other disciplinary action at the University's discretion. I further understand that the University reserves the right to dismiss at any time a student who in its judgment is undesirable and whose continuation in the University is detrimental to himself, herself, fellow students, or the interests of the University, and such dismissal may be made without specific charge.

The information above is true and correct. I understand and accept the conditions of enrollment stated above.

_____ _____
Student Signature **Date**

For Office Use Only: Dean's Approval

_____ _____
Dean's Signature **Date**

Complete and Mail or FAX form to:

Creighton University
Office of the Registrar
2500 California Plaza
Omaha, NE 68178
FAX: (402) 280-2527