

Creighton UNIVERSITY

2010 Summer Registration Form

Please type or print clearly to avoid delays in processing.

For Office Use:	
Banner/Net ID: _____	
Reg Post Date: _____	Initials: _____
Info Verif. Date: _____	Initials: _____

Division Arts and Sciences Business Administration University College
 Visiting Student Graduate School Nursing

Class/Type Fr So Jr Sr Sp (non-degree) Transfer Visiting/Transient

Visiting Students: I am a Fr So Jr Sr in good standing at _____
College/University Name, City, State

Net ID or SSN _____ **DOB** _____

MM/DD/YY

Full Name _____

Last
First
Middle
Maiden

If you are a new student or not currently enrolled at CU, complete this section.

Preferred First Name _____ **Gender** female male

Address _____

Street
City
State
Zip

Phone () _____ () _____ Email _____

Home
Work

Place of Birth _____ Country of Citizenship _____

Racial/Ethnic Background

Are you Hispanic Non-Hispanic

Please check one of the following:

- American Indian or Alaskan Native Native Hawaiian or other Pacific Islander
 Asian White
 Black or African American

Are you a high school graduate? Yes No Have you had any College Education? Yes No

Have you previously been enrolled at Creighton University? Yes No If Yes, when? _____

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

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

Day/Time sections optional

CRN	Subject	Course No	Section	Title	Hrs	Day							Time	Audit
						M	T	W	Th	F	S	S		
						<input type="checkbox"/>								
						<input type="checkbox"/>								
						<input type="checkbox"/>								
						<input type="checkbox"/>								

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 judgement 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.

Complete and Mail or FAX form to:

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

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

Signature _____

Date _____