

Creighton UNIVERSITY

NextStep 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: _____

Registration Term Fall Spring Summer Year _____

Net ID or SSN _____ DOB _____
MM/DD/YY

Full Name _____
Last First Middle

High School _____ HS Graduation _____
MM/YYYY

Preferred First Name _____	Gender <input type="checkbox"/> female <input type="checkbox"/> male
Address _____ Street City State Zip	
Phone () _____ () _____	Email _____ Home Mobile
Place of Birth _____	Country of Citizenship _____
Racial/Ethnic Background Are you <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Please check one or more of the following <input type="checkbox"/> White <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African-American <input type="checkbox"/> Other _____	
Have you been dismissed during the last calendar year from any educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a physical handicap or disability that may require special provisions? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CRN	Subject	Course No	Section	Title	Hrs	Day/Time sections optional							Audit	
						M	T	W	Th	F	Sa	Begin		End
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
						<input type="checkbox"/>	<input type="checkbox"/>	<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.

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

Student Signature _____ Date _____

We, the parents/guardians, of the above named student give permission to our son/daughter to take college courses at Creighton University through the NextStep program.

Parent/Guardian Signature _____ Date _____

The above named student is enrolled in our high school and is in good standing. Based on his/her academic performance to date, this student should be able to meet the challenges of a college level, credit course.

HS Official's Signature _____ Date _____

HS Official's Title _____