

BALDWIN WALLACE COLLEGE REGISTRATION FORM

Fall Semester Spring Semester Summer Semester Year _____

FAX (440) 826-6522 *We do not acknowledge receipt of fax*

Please fill in all of the information below, mark the appropriate box if there is a change, and SIGN the bottom.

NAME _____ STUDENT I.D. # _____
Last First

NEW ADDRESS (Please update computer records.)

NEW PHONE (Please update computer records)

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BUSINESS PHONE _____

Click [here](#) to view the course schedule.

Click [here](#) to look up your advisor's phone #/e-mail address.

Registrar Use	Dept.	Course No.	Section	Course Title	Credits	Time	Days	Building	
6 - 11.5 credit hours = Half-time status 12 - 18 credit hours = Full-time status					Total Credit Hours		You must be registered for 6 credit hours to be eligible for financial aid		

Reason for Exception or Waiver: _____

Instructor or Authorizing Signature: _____ Date _____

If the class is [closed](#), you may submit a [Closed Class form](#).

If adding a class on this form puts you in overload, you must submit an [Overload Approval form](#).

Click [here](#) to access deadlines for adding and dropping classes.

It is the student's responsibility to return this form to [Registrar's Office](#)

Registration forms e-mailed to the Registrar's Office from student will not be processed!

By signing below, I give my consent to be registered for the above course(s) and agree to pay the charges generated by the new course enrollment.

Signature _____ Date _____