HIGH POINT UNIVERSITY
GRADUATE REGISTRATION FORM

_____ _____
Term **Year**

Student Identification Number_____

Name _____
Last First Middle Maiden/Former

Mailing Address_____
Street/P.O. Box

_____
City State Zip Code

Telephone Number Day _____ _____ Evening _____ _____
Area Code Area Code

E-mail Address _____

Course #	Course Title	Day	Time	Instructor	Credit Hours	Audit Hours

TOTAL HOURS _____

OVERLOAD APPROVAL:

Registration for more than 10 hours requires prior approval from the director or chair of your program.

_____ _____
Signature of Program Director or Department Chair Date

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THIS SECTION TO BE PROCESSED BY THE OFFICE OF THE REGISTRAR

_____ _____
Signature of Staff Member Date