Part-time Student Registration Form

1. Complete and sign the registration form.

2. Online Consortium of Independent Colleges and University (OCICU) courses: Audits are not allowed.

3. Registration for audits will be accepted three days before the beginning of the term.

4. If you have not submitted a graduate, part-time undergraduate, or ECCP application for admission, you must do so prior to or at time of registration.

Classes fill quickly
REGISTER EARLY
REGISTRATION OPTIONS

❖ **IN PERSON**
Voorhees Hall; Monday through Friday - 8 a.m. to 4:30 p.m.
In person registration will be accepted prior to first class.

❖ **BY FAX**
Fax a completed registration form to **262.650.4851**

❖ **Email**
Email a completed registration form to reg@carrollu.edu

❖ **ONLINE**
Current students can register online at my.carrollu.edu *(Login and password required)*. To be considered a current student, you must have taken classes in the preceding semester. If you did not take classes in the preceding semester you will need to reapply to Carroll University through the Admissions Office.

❖ **BY MAIL**
Send a completed registration form to:
Carroll University, Registrar's Office
100 N. East Ave., Waukesha, WI 53186

Allow seven (7) days to receive a confirmation of your class schedule. If you notice an error in the returned schedule, please call the Registrar's Office immediately at 262.524.7208.

Name _____
Last   First   Middle

Carroll University Student I.D. _____ Date of Birth _____

Street Address _____

City _____ State _____ ZIP _____

Phone _____ Email _____

Are you currently attending Carroll?   ❏ Full Time   ❏ Part Time   ❏ No

Are you seeking an undergraduate degree?   ❏ Yes   ❏ No   If yes: Major _____

Are you seeking a prerequisite for a graduate degree?   ❏ Yes   ❏ No   If yes: Program _____

Are you seeking a certificate?   ❏ Yes   ❏ No   If yes: Program _____

Are you seeking credit through the Early College Credit Program at Carroll? ❏ Yes ❏ No

Session: ❏ Fall   ❏ Winter   ❏ Spring   ❏ Summer I   ❏ Summer II   ❏ Sumer III   Year _____

Department	Course Number	Section Letter	Course Title	Instructor	Course Credit	Audit	Tuition

Alternate course(s) if first choice is closed or canceled.

Department	Course Number	Section Letter	Course Title	Instructor	Course Credit	Audit	Tuition

With the completion of this registration, I understand that I am legally obligated to pay all tuition and fees. In the event of default, the university may refer my account to a credit reporting agency, a collection agency, and/or initiate legal action to recover any outstanding debt. I understand I am also responsible for the costs of collection including, without limitation, interest, penalties, collection agency fees, court costs and attorney fees.

_____   _____
Signature   Date