SEMESTER/TERM _____ **20**____

DATE _____

Registration Alt PIN: _____
(Obtain from your advisor.)

TRIAL STUDY LIST

SAMFORD UNIVERSITY

STUDENT: Be sure to check your Registration Status through the Banner portal and clear any Holds days prior to attempting to register. To find your Registration time and check your Registration Status, click on: Student and Financial Aid
Registration
Registration Status
for each term in which you plan to register. My Registration time begins: _____ **and ends:** _____

Please Print: **Name:** _____, _____ _____
(Last) **(First)** **(Middle)**

SUid Number: _____ **SU Email:** _____**@samford.edu** **SU Box: 29**_____

SCHOOL: **(** Circle One **):** AS BA DV ED LW NU PA PM UNDE Metro

MAJOR: _____

MINOR: _____

DAYTIME PHONE: _____

WORKING TOWARD TEACHING CERTIFICATE:
Check Yes or No ____ NO ____ YES

WORKING TOWARD A PROFESSIONAL PROGRAM:
Check If Applicable ____ PRE-LAW ✔ PRE-MEDICAL

COURSE(S)

CRN	Subject	Course	Section	Title	Days	Time	Credit
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
					Total Credits:		0

Notes:

CLASS LOADS: Fall/Spring – Normal load is 16 credits; Summer Term – Normal load 2 courses per Part of Term, maximum credit allowed in Summer is 16 credits; January Term – 5 credits. A student may **not** take more than 21 credits in any full term.

Dean's Signature Required if Student is registering for more than:
Day Students – 18 credits
Graduate – 15 credits
All Summer – 16 credits
Metro – 7 credits
Jan Term – 5 credits

DEAN'S SIGNATURE _____

I understand that it is ultimately the student's responsibility to meet degree requirements so I will consider the advice of my advisor and accept responsibility for the courses in which I register.

Student's Signature: _____

Advisor's Signature: _____

Check e-bill and payment due dates on : www.samford.edu/admin/bursar/payschedule

STUDENT RECORDS COPY: WHITE **STUDENT COPY: YELLOW** *Revised: 2/15/2007*