

**REGISTRATION FORM**

**Eastern Oregon University**

Attn: Registrar’s Office

Inlow Hall 105

One University Boulevard

La Grande, OR 97850-2899

Phone: (541)962-3607 Fax: (541)962-3799

Please return form to: **Email: add.drop@eou.edu**

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| --- | --- |
| **EOU Student ID# (required)** |  |

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|  |  | |  |
| Last Name | First Name | | MI |
|  | |
| Other Names Used | |

**Term**

**Fall** **Winter** **Spring** **Summer**

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| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Today’s Date |  | | Date of Birth (required) | -   - | | | Email |  | | | |  | |  | | |  |  | | |  | | Mailing Address | | City | | | State | Zip Code | | | Daytime Telephone | |
| **ADD** (Please complete this portion for course(s) you wish to add)   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Course REF # | | Prefix & Number | | | | | Credit | Instructors Signature | | | Dean’s Signature(If required) | | | | |  |  | | |  | | | | | (or approval email) (or approval email) | | | | | | | |  |  | |  | |  |  | | |  |  | |  |  | |  |  | |  | |  |  | | |  |  | |  |  | |  |  | |  | |  |  | | |  |  | |  |  | |  |  | |  | |  |  | | |  |  | |  |  | |  |  | |  | |  |  | | |  |  | |  |  | |  |  | |  | |  |  | | |  |  | |  |  | |

**DROP/WITHDRAWAL**(Please connect with your advisor before dropping or withdrawing from courses.)

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| **Student Signature or reply from student’s EOU email account** |

*I understand that once I submit my registration, I am responsible for this bill unless the classes are dropped in compliance with the Tuition Refund Policy.* Revised 3/5/2021

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| Course Ref # | Prefix & Number | | Credit | |
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