

 **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**

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

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

**Term**

[ ] **Fall** [ ] **Winter** [ ] **Spring** [ ] **Summer**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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.)

|  |
| --- |
| **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

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