

STUDENT SIGNATURE

University of Cincinnati Registration Form (*Please print all information*)

LAST NAME			FIRST NAME		MI	YEAR/TERM		
UCID			DATE OF BIRTH (MM/DD/YYYY)			HOME COLLEGE		
					()		
EMAIL					PHONE NUMBER			
		ESTS			For College Use only			
Ex	Course Number	Section	Class Number	Credit Hours	Audit	For instructions and deadlines please go to	0	
	BIOL 1001	001	691375	4		www.uc.edu/registrar/ FACULTY SIGNATURE CLASS COLLEGE SIGN	IATURE	
1								
2								
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chi fin wh ob the co- ser Of wi acc	registering for courses at University of arges assessed to my student account, ancial responsibility. I acknowledge that I am enrolled and, that I will accelligations. I both understand and agree balance by the established deadline, urses this term or for future terms, my revices. In addition, I understand that a fice and I will be responsible for paying the collection of this debt. I understand count to communicate important updom courses. I also agree to electronic revieve my Form 1098-T.	including tuition and fees a hat non-attendance does no ess my bill online to remain e that, should I fail to make I may be charged late paym y transcripts and diplomas accounts more than 120 day ng any additional fees and c d that the university sends e lates, and that I must adher	and late payment fees. I fully a bit relieve me of financial responsabreast of any outstanding bath the required full payment or a tent fees, I will be restricted from will be placed on hold, and I now a past due may be placed with costs, including attorney fees as electronic notifications (e-mail the to university procedures for	ccept this debt as my p nsibility for the course lances or other financia receive financial aid to om registering for addi nay be denied other un a the Ohio Attorney Go and court costs, associat ls) to my official UC e- dropping or withdrawi	rersonal s in al meet itional civersity eneral's ted mail ing	*HOME COLLEGE APPROVAL: DATE: *REQUIRED		

DATE