

Registrar's Office  
 Room A112 Admin. Bldng.  
 (920) 923-7618 (920) 926-6708 Fax  
 registraroffice@marianuniversity.edu



# PRE-REGISTRATION WORKSHEET

**Name:** \_\_\_\_\_  
 Last First Middle Former (if applicable)

**Address:** \_\_\_\_\_  
 Street Apt. #

\_\_\_\_\_ City State Zip Code

**Day Phone:** ( ) \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**TERM:**  FALL  SPRING  SUMMER  WINTERIM **YEAR:** \_\_\_\_\_

Have you previously attended Marian University?  No  Yes/Year: \_\_\_\_\_  
 Student Type:  Continuing  New Transfer  Re-Admitted  1<sup>st</sup> Time Freshman  
 Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_  
 Anticipated Graduation Date: \_\_\_\_\_ Month \_\_\_\_\_ Year

Please complete this section in consultation with your academic advisor:

COURSE ID	SEC	COURSE TITLE	TIME	DAYS					CREDITS
				M	T	W	R	F	

Please enter alternative courses in the event that your first choices are closed at the time of registration:

COURSE ID	SEC	COURSE TITLE	TIME	DAYS					CREDITS
				M	T	W	R	F	

### Acknowledgement

*I, the undersigned student, accept sole responsibility for registering for the aforementioned course(s), as approved by my academic advisor. I understand that failure to register for the course(s) for which I have been recommended and approved may impede my ability to enroll in certain courses at the times they are offered and/or my degree progress. Further, I understand and acknowledge that I am legally and financially responsible for any tuition and fees incurred by such registration – whether online or in-person – in accordance with the Marian University policies as published in the current academic bulletin.*

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Academic Advisor Signature

\_\_\_\_\_  
 Date

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_