ARKANSAS TECH UNIVERSITY OZARK CAMPUS

OFFICE OF STUDENT SERVICES

PERMIT-TO-REGISTER/SUMMER-FALL REGISTRATION WORKSHEET

Student I.D. Number	Date
T __ __ __ __ __ __ __ __	

Name Enrolled Under (Last, First Middle, Other)

Mailing Address	Email Address (other than OneTech email address)

Registration Term: Summer I 20____   Summer II 20____   Fall 20 ____

Major: _____ Scholarships/Financial Aid – Number of hours required to qualify _____

Date eligible to register according to number of earned hours (April/November registration): _____

Check registration holds online at OneTech: _____

(Holds must be cleared before you can register.)

CRN	Course Prefix	Course Number	Sec No.	Instructor	M	T	W	R	F	S	Override Approval
PART OF TERM, 1st half of Summer **(Pell Freezes June 10th for All Summer Aid)**											
PART OF TERM, 2nd half of Summer **(Pell Freezes June 10th for ALL Summer Aid)**											
FALL SEMESTER **(Pell freezes August 28th for Fall Aid)**											

Enrollment in more than 18 hours for a fall/spring term or 7 hours for a summer term requires Chief Student Officer signature.

Chief Student Officer_____
                              (Signature)

Total hours enrolled: _____

Signed student up for Orientation_____

_____
By: (initials)   (Date)

Student: _____
                              (Signature)

Advisor: _____
                              (Signature)