ARKANSAS TECH UNIVERSITY
UNIVERSITY
OZARK CAMPUS

ARKANSAS TECH UNIVERSITY-OZARK CAMPUS
OFFICE OF STUDENT SERVICES

PERMIT-TO-REGISTER

New Student ID# (T number)	Date

Name Enrolled Under (Last, First, Middle, Other)	Email address (other than OneTech email address)

Mailing Address	Phone

Registration Term: 202220

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: _____

All obligations to Arkansas Tech University must be satisfied and holds lifted before Registration is permitted.

CRN	Course Prefix	Course Number	Sec No.	Scheduled Meeting Times						OVR Approval	
				M	T	W	R	F	S	Closed Class	Pre- /Co- Req

Alternate courses: (In case of closed or unavailable courses, please list alternate(s) below)

CRN	Course Prefix	Course Number	Sec No.	Scheduled Meeting Times						OVR Approval	
				M	T	W	R	F	S	Closed Class	Pre- /Co- Req

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

Chief Student Officer_____
(Signature)

Total hours enrolled: _____

Signed student up for Orientation

_____ *(Date)*

Student: _____
(Signature)

Advisor: _____
(Signature)