



Registration Request Form

Office of the Registrar
8401 S. Chambers Road
Parker, CO 80134

Phone: (720) 874-2455
E-mail: registrar@rvu.edu
Fax: (720) 874-2452

Student Name: _____

Student ID#: _____ Phone Number: _____

Please use this form to request to be registered for elective courses that are applicable to your current degree program.

Action	Course Code	Course Name	Credits	Semester	Instructor's Signature
<input type="checkbox"/> Add <input type="checkbox"/> Drop				<input type="checkbox"/> Fall <input type="checkbox"/> Spring	
<input type="checkbox"/> Add <input type="checkbox"/> Drop				<input type="checkbox"/> Fall <input type="checkbox"/> Spring	
<input type="checkbox"/> Add <input type="checkbox"/> Drop				<input type="checkbox"/> Fall <input type="checkbox"/> Spring	
<input type="checkbox"/> Add <input type="checkbox"/> Drop				<input type="checkbox"/> Fall <input type="checkbox"/> Spring	

Note: course fees may apply

I understand that I must submit this completed request to the Office of the Registrar during the designated registration selection time period.

If selected to participate, any course fees will be charged to your statement and notification will be sent via RVU email from Financial Services regarding payment.

Signature: _____ Date: _____

For office use only

Date Received:	Processed By:
Date Processed:	Notification Sent: