I.D. number: ____________________

The University of Portland

Registration Form — Non-Matriculating Student Only

Name: ____________________
LAST FIRST MIDDLE

Local address: ____________________ Email: ____________ *@up.edu*
NUMBER AND STREET

____________________ (   ) ____________
CITY/STATE/ZIP PHONE

Sem: ________ Year: ________

Date: ________

☐ Graduate Non-Matric

☐ Undergrad Non-Matric

Ref. #	Dept.	Course #	Sec.	Cr. Hrs.	Time	M	T	W	R	F	S	Signature (if required)
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____________________ STUDENT'S SIGNATURE/DATE

________ Total hours

____________________ APPROVAL SIGNATURE/DATE

Processed by: __________ Date: ____________

RO-1002 Rev. 10-11