

**Non-Degree Seeking Student
Registration Form**

Student Name: _____
Last First Middle

Email Address: _____ **Primary Phone Number:** (____) _____

Net ID _____ **Date of Birth:** ____/____/____

Semester and course(s) for which you wish to register:

Semester (check one): Fall Winter Spring Summer **Year:** _____

CRN	Course Subject	Course Number	Course Section	Course Title	Number of Credits

Students enrolling in Creighton University signify their compliance with the following statement upon registration:
 By enrolling in Creighton University, I agree that I will comply with all rules, regulations, directives and procedures of the University, and I understand that my failure to do so will be grounds for dismissal or other disciplinary action at the University's discretion. I further understand that the University reserves the right to dismiss at any time a student who in its judgement is undesirable and whose continuation in the University is detrimental to himself, herself, fellow students, or the interests of the University, and such dismissal may be made without specific charge.

The information above is true and correct. I understand and accept the conditions of enrollment stated above.

Student Signature: _____ **Date:** _____