NWOSU - ENROLLMENT FORM --- ❑ Fall 20____; ❑ Spring 20____; ❑ Summer 20____ **ID No.:** _____

_____ ( )_____ ( )_____

LAST NAME **FIRST** **MIDDLE** **Phone: Daytime #** **Cell #**

_____

CURRENT MAILING ADDRESS **City** **State** **Zip**

_____ _____

SEX **ADVISOR'S NAME**

❑ Yes ❑ No
OKLAHOMA RESIDENT

DESIGNATE CLASSIFICATION
❑ Fr. ❑ So. ❑ Jr. ❑ Sr. ❑ Grad. ❑ Post-Grad.
0-30 31-60 61-90 90+ ❑ Audit ❑ Concurrent H.S.

Course No.	Class Title	Key No.	Cr. Hrs.	Room No.	Time	M	T	W	Th	F	Instructor

FOR OFFICAL USE ONLY
❑ READMISSION ❑ ADMISSION

Any charges incurred by the University in an effort to collect delinquent accounts will be the responsibility of the account holder.

Total Credit Hours

_____
STUDENT'S MAJOR

_____ _____ _____
STUDENT'S SIGNATURE DATE SIGNATURE OF ADVISOR