DeVry University

South Florida Campus
2300 South West 145th Avenue
Miramar, FL 33027-4150
http://www.mir.devry.edu/
(954) 499-9700

Registration Form

Name: _____ **Date:** _____
(Last) *(First)*

Student ID #: D# _____ P # _____ **Phone:** _____

Term: ☐ Spring ☐ Summer ☐ Fall **Year:** _____ **Email:** _____

Action: ☐ New/Cont ☐ Registration ☐ Drop/ Add ☐ Withdrawal from a course

Program of Study/Major: _____

Proof of Insurance: ☐YES ☐NO **Registered in Siren:** ☐YES ☐NO **Veteran:** ☐YES ☐NO

ADD	Course No.	Location	Section	Call Number	Session	Credit Hours

DROP	Course No.	Location	Section	Call Number	Session	Credit Hours

I understand the consequences of dropping/withdrawing from classes. It may affect my graduation date and/or affect my financial aid status. Class schedules and locations are subject to change due to instructor and classroom availability. DeVry University reserves the right to cancel or split classes/labs due to enrollments and to change the schedules of students found to have class/lab overlaps. Students are responsible for meeting all course prerequisites. Failure to meet prerequisites will result in removal from the course.

Student Signature _____ **Date:** _____

Entered into OSS: _____ **Date:** _____

STUDENT FINANCE

Clear the Following: ☐ DSM ☐ PFAIDS ☐ OSS

Veterans Affairs: ☐ YES ☐ NO

Cleared for _____ Credits Books:☐Y☐N **Amount:**_____

FA Signature: _____ Date: _____

Student Success Coach: _____ Student Finance: _____