



To be completed internally:

Student ID: _____

Approving Signature: _____

Individual Course Registration Form

Name: _____

Address: _____

Signature: _____

Phone: _____

Courses Sought

Please provide the below information for the course(s) you plan to take. Course catalog can be accessed [online](#).

- CRN – 5 digit code specific to each course and section
- Subject – i.e. EGR, ME, CEE, etc.
- Course Number – i.e. 7000, 8454
- Section Number – i.e. 001 or DL1 (designates on-campus or online/distance learning section)
- Credits

Term: _____

CRN	Subject	Course Number	Section Number	Credits

☐

I understand that by checking this box I am authorizing Villanova University to register me for the above course(s). I also understand that I am financially responsible for any tuition and fees associated with the courses(s).

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