



Loras College
REGISTRATION FORM
For the Registrar Office

Classes with an enrollment of less than six (6) students may be canceled. Early registration is recommended.

Please Print:

Full NAME Last First Middle (Maiden / Other Name)

SOCIAL SECURITY NUMBER BIRTHDATE

PERMANENT ADDRESS Street City State Zip

SUMMER ADDRESS Street City State Zip

TELEPHONE NUMBER Day Evening Summer

E-MAIL ADDRESS

I am currently a First Year Sophomore Junior Senior Graduate Other

I will live OFF CAMPUS ON CAMPUS-Contact Resident Life Office 563.588.7137 to reserve a room

Table with 6 columns: CLASS DATES, DEPT., COURSE Number, SEC., TITLE, CREDIT. It contains 6 empty rows for course registration.

Signature of Registrant
Registration is not official unless student signs the registration form agreeing to the regulations stated in the summer school schedule.

Please return form to (may be faxed):
Loras College
Rebecca O. Ohnesorge
1450 Alta Vista
Dubuque, Iowa 52001-4399
Rebecca.ohnesorge@loras.edu
Telephone: 563.588.7234
Fax: 563.588.7119