

# REGISTRATION FORM



**Student ID**

**Last Name** 
**Maiden Name** 
**First Name** 
**M.I.** 
**Division**

U - Undergraduate  
G - Graduate

**Street Address**

**City** 
**County** 
**State**  
**Zip Code** 
**S. S. #**  - 
**Date of Birth**  (MM/DD/YYYY)

**Phone** 
**Major** 
**Minor** 
**Email**

UNDERGRADUATE  
ONLINE CLASSES  
CONTACT Randy Simpson  
EXT. 7230  
EMAIL - [rsimpson@rio.edu](mailto:rsimpson@rio.edu)

<b>Sex</b>	<b>Marital Status</b>	<b>Residency Status</b>	<b>Veteran Benefits</b>	<b>Ethnicity</b>
<input type="checkbox"/> M - Male <input type="checkbox"/> F - Female	<input type="checkbox"/> 1 - Single <input type="checkbox"/> 2 - Married <input type="checkbox"/> 3 - Separated <input type="checkbox"/> 4 - Divorced <input type="checkbox"/> 5 - Widowed	<input type="checkbox"/> C - Commuter <input type="checkbox"/> R - Dorm Resident	<input type="checkbox"/> 1 - G.I. Bill <input type="checkbox"/> 2 - Dependent Benefits <input type="checkbox"/> 3 - Disabled <input type="checkbox"/> 4 - National Guard <input type="checkbox"/> 5 - Army Reserve <input type="checkbox"/> 6 - Other Reserve	<input type="checkbox"/> 1 - African American <input type="checkbox"/> 2 - American Indian or Alaskan <input type="checkbox"/> 3 - Asian <input type="checkbox"/> 4 - Hispanic <input type="checkbox"/> 5 - White/Non-Hispanic <input type="checkbox"/> 6 - Foreign
	<b>Academic Period</b>			
	<input type="checkbox"/> 11 - Fall <input type="checkbox"/> 31 - Spring <input type="checkbox"/> 41 - Summer			

THIS DATA IS REQUESTED BY THE U.S. GOVERNMENT TO DEMONSTRATE TO THE DEPT. OF HEALTH, EDUCATION, AND WELFARE, THE UNIVERSITY OF RIO GRANDE COMPLIANCE WITH 1964 CIVIL RIGHTS ACT

Dept Name	Course # /Cr Hrs	Section	L A B	Course Description	Class Days					Class Time		BLDG	Room
					M	T	W	R	F	Start	End		

By signing below, I acknowledge that I am registering for the classes indicated above and accept all tuition and fees associated with these classes. I further acknowledge and understand the following: My account balance is due one week prior to the first day of the semester. URG/RGCC reserves the right to withdraw me from any class for which I am registered as a result of overdue balances.

I understand that if I withdraw from any class after the first week of the semester (or first two days of a summer session or eight-week term), I will still be charged the tuition and fees for that class in accordance with the URG/RGCC refund policy. I further understand that if I withdraw after the first week of the semester (or first two days of a summer session or 8-week term), I may lose some or all of the financial aid that has been applied to my account, resulting in a balance due to the institution.

I further understand that delinquent balances will be reported to the Ohio Attorney General and/or Credit Bureaus and if I fail to pay, legal action could be taken against me. In addition, I may be assessed and required to pay any cost incurred in the collection process of my account, including, but not limited to late charges, collections, and litigation costs.

\_\_\_\_\_  
ADVISOR/CODE

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE