I.D. number: _____

The University of Portland
Registration Form — Non-Matriculating Student Only

Name: _____

LAST   FIRST   MIDDLE

Local address: _____ Email: _____ @up.edu

NUMBER AND STREET

_____ (____) _____

CITY/STATE/ZIP   PHONE

Sem: _____ Year: _____

Date: _____

☐ Graduate Non-Matric
☐ Undergrad Non-Matric

Ref. #	Dept.	Course #	Sec.	Cr. Hrs.	Time	M	T	W	R	F	S	Signature (if required)

Total hours

_____   _____

STUDENT'S SIGNATURE/DATE   APPROVAL SIGNATURE/DATE

Processed by: _____ Date: _____   RO-1002   Rev. 10-11