



Student Name: _____ ID: _____

Current Address: _____

Ottawa Email: _____ Phone Number: _____

I hereby authorize Ottawa University Registrar's Office to enroll me for courses required for completion of my program of study. I acknowledge that I am responsible for all corresponding tuition and fees related to these registrations. I understand that I am responsible for notifying the Registrar's Office if I need to withdraw from courses and am subject to the University's Add/Drop and Withdrawal policies in effect at the time. I further understand the impact on my financial agreements with the University and agree to check with the appropriate offices to ascertain any impact.

Student Signature

Date

Please return this form to the Registrar's Office by scanning and emailing to registrar@ottawa.edu; faxing to (913) 273-1700; or mailing to Ottawa University, Registrar's Office, 4370 W. 109th Street, Suite 200, Overland Park, KS 66211.

For Office Use Only

Advisor's Signature: _____ Date: _____

Registrar's Office Approval: _____ Date: _____

Prior Editions Obsolete
Registrar's Office
6/2018