

Session/Year _____

**The University of Findlay
Variable Credit Registration Form**

Student's Name

I.D. Number

has permission to register for _____
(course number, section, and title)

Semester Hours

Instructor's Signature

Date

Return completed form to the Office of the Registrar 1000 N Main St Findlay OH 45840 or fax to 419-434-5565

7/31/2009