



Troy University

Troy Alabama
36082

Fall Spring Summer Other

Semester: _____ Year: _____

Name: (last) (first) (middle)

Social Security: (optional - see back side for more information)

Major: _____

Classification (check one)

Freshman Sophomore Junior Senior Post Degree Graduate

Local Address: _____

(City) (State) (Zip)

Telephone: _____

Email Address: _____

Schedule Request and Data Sheet

This form must be approved by student Advisor before proceeding to registration.

Permanent Address: _____

(City) (State) (Zip)

Telephone: _____

The registration process is not complete until all semester charges have been paid prior to the first class day or the student enrolls in a Payment Plan. Refer to Course Schedules for deadlines for payment of tuition and fees.

I understand that I am responsible for the prompt payment of all tuition and fees and that I shall be administratively withdrawn from classes if timely payments are not made.

Student's Signature _____ Date _____

I REQUEST TO ENROLL IN THE FOLLOWING COURSES:

Time	Days of Week	Dept.	Course No.	Section	Title of Course	Credit Hrs.	\$ Fee
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						

IF THE COURSES ABOVE ARE NOT AVAILABLE- THESE ARE MY ALTERNATE COURSES:

Time	Days of Week	Dept.	Course No.	Section	Title of Course	Credit Hrs.	\$ Fee
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						

ADVISOR APPROVAL

Hours _____ Signature of Advisor _____

APPROVAL FOR OVERLOAD: Over 18 sh UG or 9 sh GR requires approval of advisor, Department Chair, Associate Provost and the required minimum grade point average. See Catalogs.

Signature of Department Chair _____ Date _____

5

DATA SHEET: Please review this **DATA SHEET** and insert information in those areas which have **CHANGED** since you last registered.



ADDRESS OF RECORD (to which grades and bills will be sent)

Street/Route

(City) (State) (Zip Code)

Telephone (include area code)

IN CASE OF EMERGENCY CONTACT:

Name Relationship

Street/Route

(City) (State) (Zip Code)

Home Telephone (include area code)

Business Telephone (include area code)

(Extension)

EMPLOYER

Name of Employer

Address

CLASSIFICATION:

Class:

Term last Attended

Campus

Major 1:

Minor 1:

Major 2:

Minor 2:

ADVISORS NAME:

OTHER

Church Preference (optional)

Hometown Newspaper

6

STUDENT CHECK ONE:

- I have reviewed the DATA SHEET and have ascertained that **NO CHANGES NEED TO BE MADE.**
- I have reviewed the DATA SHEET and **HAVE MADE THE NECESSARY CHANGES.**

Signature of Student _____ Date _____

HEALTH INSURANCE

Purchase Student Insurance in the Health Center.

MEAL PLANS

Purchase Meal Plans in the Housing Office.

WITHHOLD INFORMATION

To have Directory Information withheld, complete the form in the University Records Office: Adams Administration 135.

STUDENTS WITH DISABILITY

If any student with a disability experiences any difficulty scheduling, attending or functioning in any class, the student or the student's advisor should contact the Chair, Accessibility and Accommodations Committee.

SOCIAL SECURITY NUMBERS

Disclosure of a student's Social Security number is voluntary and not mandatory. A student's Social Security number is a solicited pursuant to the authority delegated to the officers of Troy University by the Board of Trustees thereof under Alabama Code, Title 16, SS 56-1; 56-15 and will be necessary if the student is employed by the University, including

employment through a student financial aid program. When provided, the social security number will be used as the most efficient means of identifying the student and eliminating confusion over similar names and names changed by marriage. No right, benefit or privilege provided by law will be denied to a student if he or she refuses to disclose his or her Social Security number.