

BALL STATE UNIVERSITY Class Registration Form for Indiana Academy Students

Last Name		First Name			М.І.	M.I. BSU ID Number			
Home Address									Female
City				ST	ZIP Code	2	Date of B	lirth	🗌 Male
Term (select one): 🗌 Fall 🗌	Spring S	ummer 20	_	School:	Burris	Academy		
CRN	Subject	Course Number	Section Number	Met with BSU Dept.	Ball State Departmental Designee				
	Override	es Required (selec	t all that apply):		FULL			DEGREE	
CRN	Subject	Course Number	Section Number						
	Override	es Required (selec	t all that apply):		FULL	APPR		DEGREE	
Yes Audit (S: OR Full Coll Academy In either ca must have this is the o	No 55 audit fee) ege Credit (all students: You mu ase above, if y the permissio	Initi	als of Academy A Days Aca ciated fees - cont permission from BSU course(s irperson of t	Assistant Director ademy pays act BSU Bursar for parents/guara s) to substitu he Academy	r of Academic G or information) lians indicating ute for one o v departmen		ware you are take courses at the ne course falls	ing Ball State cou e Indiana Aca	urse(s). demy, you
					Academy De	epartment Chair S	Signature	De	ate
enrollment on		cademic record	transcript) by p	osting a final gr	ade of "AU." Th	is will not affect	mpletion of an au my college grade		
Student Signatu	re				Date				
The signatu	e below indic	ates Indiana /	Academy app	proval for the	student to	enroll in the d	course(s) abov	/e.	

Assistant Director of Academic Guidance

Date