

## Classes Only Registration Form

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Have you previously attended Briar Cliff University? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Birth Date: \_\_\_\_\_ Year Graduated High School: \_\_\_\_\_

I am a current Briar Cliff University student.     Yes, I am interested in on-campus housing.     No, I have other living arrangements.

COURSE NUMBER	TITLE	SESSION/TERM	INSTRUCTOR	CREDITS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student's Signature: \_\_\_\_\_

Return this form to:  
**Office of the Registrar**  
Briar Cliff University  
3303 Rebecca Street  
Sioux City, IA 51104  
Tel 712-279-5447  
Fax 712-279-5463