

OSU Individual Study Registration

Semester-based Courses

Spring _____ Fall _____

Today's date _____

1. _____
 Last Name (please print) First Middle Banner ID
2. _____
 Date of Birth (MM/DD/YY) Previous Last Name Male NEW PREVIOUS TERM
 Female
3. Mailing Address _____
 Street City State Zip or Postal Code
5. Permanent Address _____
 Street City State Zip or Postal Code
- _____ Daytime Telephone _____ OSU E-mail Address

6. Course Information

Course Prefix and Number/ Course Title	Estimated Total Course Cost

OFFICE USE ONLY

Administration Fee	_____	_____	_____
Technology Fee	_____	_____	_____
Record Maint. Fee	_____	_____	_____
Materials Fee	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Total	_____	_____	_____
Entered By	_____	Date	_____

X Applicant's Signature _____

7. Payment Information

Bursar (Current OSU Stillwater/Tulsa I.D. required)