

**OUACHITA-HENDERSON  
INTER-INSTITUTION REGISTRATION  
(For use in summer sessions)**

DATE \_\_\_\_\_ ID# \_\_\_\_\_ OBU PHONE # \_\_\_\_\_

NAME \_\_\_\_\_ OBU BOX # \_\_\_\_\_

SEMESTER:            May Term of \_\_\_\_\_            Summer I of \_\_\_\_\_            Summer II of \_\_\_\_\_

OBU SEQ#	HSU DEPT	COURSE NUMBER	TIME & DAYS	COURSE TITLE	HSU INSTRUCTOR NAME	OBU DEPT CHAIR SIGNATURE
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**SUBSTITUTES FOR OBU COURSE:**

OBU DEPT	COURSE NUMBER	COURSE TITLE	DOES THIS CHANGE YOUR DEGREE PLAN? Y/N
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IS THIS COURSE A REPEAT? YES \_\_\_\_\_ NO \_\_\_\_\_

TOTAL HOURS BEFORE CHANGE \_\_\_\_\_

TOTAL HOURS ADDED \_\_\_\_\_

TOTAL HOURS AFTER CHANGE \_\_\_\_\_

STUDENT SIGNATURE \_\_\_\_\_

**ATTEND the first day of class at HSU and give the instructor the yellow copy of this form. The instructor will then tell you if there is room in the class for you. If the class is full, or you decide not to take the class, contact the OBU Registrar's Office.**

\*\*\*\*\* Obtain the following signatures and return to the Dean of your school. \*\*\*\*\*

\_\_\_\_\_  
ADVISOR

\_\_\_\_\_  
DEAN, SCHOOL OF INTERDISCIPLINARY STUDIES  
(if applicable for CORE courses)

\_\_\_\_\_  
DEAN, SCHOOL OF YOUR MAJOR

\_\_\_\_\_  
VICE PRESIDENT FOR ACADEMIC AFFAIRS    DATE

**\*\*\*THE BUSINESS OFFICE WILL BILL YOU FOR THIS CLASS.\*\*\***

**\*\*\*NO FURTHER REGISTRATION IS NECESSARY.\*\*\***

*student financial services*