

**Session/Year** \_\_\_\_\_

**The University of Findlay  
Variable Credit Registration Form**

\_\_\_\_\_  
**Student's Name**

\_\_\_\_\_  
**I.D. Number**

**has permission to register for** \_\_\_\_\_  
**(course number, section, and title)**

\_\_\_\_\_  
**Semester Hours**

\_\_\_\_\_  
**Instructor's Signature**

\_\_\_\_\_  
**Date**

**Return completed form to the Office of the Registrar 1000 N Main St Findlay OH 45840 or fax to 419-434-5565**

**7/31/2009**