



Pre-registration Form

Please fill in the semester or summer session that is pre-registration form is for: Fall 20____ Spring 20____ Summer 20____	
Student ID #:	Current Class Level:
Last Name:	First Name:
Address or Dorm Room Number:	
Personal or Gallaudet University Email Address:	

All the information I provided above are true and I hereby promise to complete the following tasks for pre-registration: (Please initial on each blank line.)

- _____ If there is a balance due from the previous semester, I will get it paid off.
- _____ I will submit an advance payment before completing business registration.
- _____ I will complete online business registration a week before the start of the classes.
- _____ If I have my own health insurance, I will submit an online waiver and provide a copy of my insurance card before the deadline for business registration (not applicable for summer sessions).

_____ Student Signature _____ Date

For office use only: Date Received: Received By:
