



**Troy University**  
Troy Alabama  
36082

### Schedule Request and Data Sheet

This form must be approved by student Adviser before proceeding to registration.

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Semester:  Fall  Spring  Summer  Other Year: \_\_\_\_\_

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Student ID #: \_\_\_\_\_

Major: \_\_\_\_\_

Classification (check one)  
 Freshman  Sophomore  Junior  Senior  Post Degree  Graduate

Local Address: \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address \_\_\_\_\_

I agree to pay all TROY charges on my account. I understand that the university is advancing value to me in the form of educational services and that my right to register is expressly conditioned upon my agreement to pay institutional costs including, but not limited to, tuition, fees, housing, meal plan, and any additional costs, when those charges become due. It is my responsibility to view my charges on TROJAN WEB EXPRESS. I understand that a past due student account balance will result in a financial hold, which prevents future registrations, access to transcript, as well as other services being offered in accordance with university policy. Delinquent student account balances may be reported to a credit bureau and referred to collection agencies or litigated. I agree to pay any and all costs associated with the collection of unpaid fees, including any/all cost of collections and collections fees (33.3%), attorney fees, and/or court costs, if such be necessary. I agree, in order to service my account or to collect monies I owe, TROY may contact me by telephone at any telephone number associated with my account, including wireless telephone numbers, which could result in charges to me. TROY may also contact me by sending text messages or emails, using any email address I provide to TROY. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing devices, as applicable.

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

\_\_\_\_\_  
Date

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### I REQUEST TO ENROLL IN THE FOLLOWING COURSES:

Time	Days of Week	Dept.	Course No.	Section	Title of Course	Credit Hrs.	\$ Fee
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						

### IF THE COURSES ABOVE ARE NOT AVAILABLE- THESE ARE MY ALTERNATE COURSES:

Time	Days of Week	Dept.	Course No.	Section	Title of Course	Credit Hrs.	\$ Fee
	M T W TH F						
	M T W TH F						
	M T W TH F						
	M T W TH F						

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### ADVISER APPROVAL

**APPROVAL FOR OVERLOAD:** Over 18sh UG or 12sh GR requires approval as follows: UG Academic Advisor, Department Chair and Dean; GR Academic Advisor and Associate Provost and Dean, Graduate School. See Catalogs.

\_\_\_\_\_  
Hours Signature of Adviser

\_\_\_\_\_  
Signature of Department Chair Date



# 4

**DATA SHEET:** Please review this **DATA SHEET** and insert information in those areas which have **CHANGED** since you last registered.

**ADDRESS OF RECORD** (to which grades and bills will be sent)

Street/Route \_\_\_\_\_  
 \_\_\_\_\_  
 (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
 Telephone (include area code) \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Street/Route \_\_\_\_\_  
 \_\_\_\_\_  
 (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_  
 Home Telephone (include area code) \_\_\_\_\_  
 Business Telephone (include area code) \_\_\_\_\_ (Extension) \_\_\_\_\_

**EMPLOYER**

Name of Employer \_\_\_\_\_  
 Address \_\_\_\_\_

**CLASSIFICATION:**

Class: \_\_\_\_\_  
 Term last Attended \_\_\_\_\_  
 Campus \_\_\_\_\_  
 Major 1: \_\_\_\_\_  
 Minor 1: \_\_\_\_\_  
 Major 2: \_\_\_\_\_  
 Minor 2: \_\_\_\_\_  
**ADVISERS NAME:** \_\_\_\_\_

**OTHER**

Church Preference (optional) \_\_\_\_\_  
 Hometown Newspaper \_\_\_\_\_

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**STUDENT CHECK ONE:**

- I have reviewed the DATA SHEET and have ascertained that **NO CHANGES NEED TO BE MADE.**
- I have reviewed the DATA SHEET and **HAVE MADE THE NECESSARY CHANGES.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**HEALTH INSURANCE**

Purchase Student Insurance in the Health Center.

**MEAL PLANS**

Purchase Meal Plans in the Housing Office.

**WITHHOLD INFORMATION**

To have Directory Information withheld, complete the form in the University Records Office: Adams Administration 135.

**STUDENTS WITH DISABILITY**

If any student with a disability experiences any difficulty scheduling, attending or functioning in any class, the student or the student's adviser should contact the Adaptive Needs Office.

**SOCIAL SECURITY NUMBERS**

Disclosure of a student's Social Security number is voluntary and not mandatory. A student's Social Security number is a solicited pursuant to the authority delegated to the officers of Troy University by the Board of Trustees thereof under Alabama Code, Title 16, SS 56-1; 56-15 and will be necessary if the student is employed by the University, including

employment through a student financial aid program. when provided, the social security number will be used as the most efficient means of identifying the student and eliminating confusion over similar names and names changed by marriage. No right, benefit or privilege provided by law will be denied to a student if he or she refuses to disclose his or her Social Security number.