



# CAS REGISTRATION FORM

Semester/Term \_\_\_\_\_ Year \_\_\_\_\_

Royal ID R \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

Major(s) \_\_\_\_\_

Concentration(s) \_\_\_\_\_

Minor(s) \_\_\_\_\_

Class \_\_\_\_\_

Phone - Cell ( ) \_\_\_\_\_

Address Information: \_\_\_\_\_

Is this your permanent mailing address?  Yes  No

Scranton email: \_\_\_\_\_@scranton.edu

CRN	Subject	Number	Section	Course Title	Credits	M	T	W	R	F

- I acknowledge that:
- Registration in courses obligates me for payment of associated tuition/fees.
  - I must follow formal procedures and academic calendar dates to drop or withdraw from courses, or completely withdraw from the University.
  - Tuition refunds, if any, will follow the published refund policy.
  - Courses listed on this form have been approved by my advisor.
  - **I should consult with my advisor before registering for courses not on this form.**
  - Course prerequisites as noted in the catalog must be satisfied.
  - My registration status (full-time or part-time) affects my tuition charges, financial aid and graduation timeline, and may affect my health insurance eligibility and other tuition assistance.
  - If I am an undergraduate and register for less than 12 credits, I may not participate in varsity intercollegiate sports for that term, per NCAA regulations.

Advisor's/Mentor's  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
(First Major)

Advisor's/Mentor's  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Second Major)

**STUDENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_