REGISTRATION-T

THE UNIVERSITY OF SCRANTON
A JESUIT UNIVERSITY

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** _____

Distribution: White - CAS Dean's Office Yellow - Student Pink - Advisor

Revised 2/16