REGISTRATION-T

THE UNIVERSITY OF SCRANTON
A JESUIT UNIVERSITY

COURSE REGISTRATION FORM*

*CAS students need a 3-part form available in the CAS Dean's Office, STT 208.

Semester/Term _____ Year _____

Royal ID R ___ ___ ___ ___ ___ ___ ___ ___

Name (Last) _____ (First) _____ (M.I.) _____

Phone ( ) _____ ( ) _____
(Local) (Cell)

Address Information: _____

_____

Is this your permanent mailing address? ❑ Yes ❑ No

Scranton email: _____@scranton.edu

School: ❑ KSOM ❑ PCPS ❑ Non-degree

Level: ❑ Undergraduate ❑ Graduate

Major(s) _____

Concentration(s) _____

Minor(s) _____

Class _____

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

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** _____

Revised Nov. 2015