

Arcadia University - Office of the Registrar Registration Form

Name: _____ ID#: _____ Date: _____
(If new student, please use last 5 digits of SS#)

Address: New Address Billing Address

Sex: _____ DOB: _____

Ethnicity: _____

Graduation Month: _____ Year: _____

Phone: (Day) _____

(Evening) _____

Email: _____

Current Student New Student

Last Term Attended? _____

Degree: _____

Major(s): _____

Adviser: _____

Minor(s): _____

Undergraduate: <input type="checkbox"/>	Graduate: Matriculated <input type="checkbox"/> Non-Matriculated <input type="checkbox"/>	Visitor: <input type="checkbox"/>	High School: <input type="checkbox"/>
---	---	-----------------------------------	---------------------------------------

Registration for Fall: _____ Spring: _____ Summer: _____ Year: _____

Course Code:	Section:	Course Title:	Day:	Time:	Credits:
_____	• _____	_____	_____	_____	_____
_____	• _____	_____	_____	_____	_____
_____	• _____	_____	_____	_____	_____
_____	• _____	_____	_____	_____	_____
_____	• _____	_____	_____	_____	_____
_____	• _____	_____	_____	_____	_____
_____	• _____	_____	_____	_____	_____

Total Credits for Term: _____

Alternate Courses: *Please select alternate courses in the event that any of your course selections are full.*

Alt. Course Code:	Section:	Course Title:	Day:	Time:	Credits:
_____	• _____	_____	_____	_____	_____
_____	• _____	_____	_____	_____	_____
_____	• _____	_____	_____	_____	_____

I, _____, have reviewed the above course selections with my adviser and confirm that I will have successfully completed all pre-requisites prior to the start of the term. If I do not have the required pre-requisites completed prior to taking any of these courses, I understand I can be dropped from the class at any time by the instructor, Department Chair, or administrator. I also understand that if my student account becomes more than 30 days past due, I will be charged a \$50 late fee. Tuition refunds are calculated in accordance with university policy in the appropriate catalog and online at <http://www.arcadia.edu/current/default.aspx?id=4421>.

Student Signature: _____ **Date:** _____

Adviser Signature: _____ **Date:** _____