

REGISTRATION FORM



Fall Semester
 Fall Trimester
 Spring Semester
 Winter Trimester
 Spring Trimester

Social Security# _____ **Undergraduate**

Last Name _____ First Name _____

Phone _____ High School _____

Special Program for Credit

CLASS SYNONYM #	DEPT.	COURSE	SECTION	CREDITS	APPROVAL <i>(If necessary)</i>

I accept responsibility for payment of all charges in connection with the above registration, including penalties and collection charges should my account become delinquent. I also accept responsibility for acquainting myself with registration, withdrawal, and refund policies and procedures set forth in the current Saint Peter's College Catalog and Schedule.

If you receive financial aid and enroll for less than full-time, check with your financial aid counselor to see what effect it may have on your financial aid package.

Student Signature

Date

Advisor Approval *(Required for all undergraduate enrollment transactions)*

Date

Processed By _____ *Date* _____