

# Arcadia University - Office of the Registrar Registration Form

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_

Address (Complete only if there are updates): Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Circle: New Address Billing Address Expected Graduation (M/YY): \_\_\_\_\_  
 \_\_\_\_\_ Last Term Attended \_\_\_\_\_ Circle: Current or New Student  
 \_\_\_\_\_ Adviser: \_\_\_\_\_ Degree: \_\_\_\_\_  
 \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Possible Time Restrictions: Day/Time \_\_\_\_\_  
 Email: \_\_\_\_\_ Reason (circle): sports/ commuter/ other

PLEASE CIRCLE:

Year: _____	Term: Fall Spring Summer			Undergraduate Graduate	
	Matriculated	Non-Matriculated	Visitor	High School	Non-Credit

Session length (Please circle)	Course Code (e.g. MA141)	Section (e.g. .1, .OL2)	Course Title	Day	Time	Credits
01/02/03/04/ AC1/AC2						
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01/02/03/04/ AC1/AC2						
01/02/03/04/ AC1/AC2						
01/02/03/04/ AC1/AC2						
01/02/03/04/ AC1/AC2						

Total Credits for Term: \_\_\_\_\_

**Alternate Courses:**

Session length (Please circle)	Alternate Course Code (Please provide a different course from the above, not a different section number)	Section (e.g. .1, .OL2)	Course Title	Day	Time	Credits
01/02/03/04/ AC1/AC2						
01/02/03/04/ AC1/AC2						
01/02/03/04/ AC1/AC2						

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 <https://www.arcadia.edu/life-arcadia/campus-services/one-stop-shop/student-refund-schedule>

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adviser Signature: \_\_\_\_\_ Date: \_\_\_\_\_