

# COURSE REGISTRATION FORM

Semester/Term \_\_\_\_\_ Year \_\_\_\_\_

Royal ID R \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

School: ☐ CAS ☐ KSOM Major(s) \_\_\_\_\_

☐ CGCE Undergraduate ☐ PCPS Concentration(s) \_\_\_\_\_

☐ CGCE Graduate Minor(s) \_\_\_\_\_

Class \_\_\_\_\_

Phone ( ) \_\_\_\_\_ (Local) ( ) \_\_\_\_\_ (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	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 \_\_\_\_\_

Distribution: White - Registrar or Graduate School Yellow - Student Pink - Advisor