

Adelphi University FALL 2017 REGISTRATION FORM

Last Name _____ First Name _____ Middle _____ ID Number _____

Address _____ City/State _____ Zip Code _____ Phone # _____ Is this a new address? Yes No

Pass/Fail
Audit Towards
 which degree?

| Course Number | Title | Days | Time | Credits | P/F AU | UG/GR Credit | Academic Approval to over- enroll (if classroom space allows) |
|----------------|-------|------|------|---------|-----------|-----------------|--|
| 1. _ _ | | | | | | | |
| 2. _ _ | | | | | | | |
| 3. _ _ | | | | | | | |
| 4. _ _ | | | | | | | |
| 5. _ _ | | | | | | | |
| 6. _ _ | | | | | | | |

*Total Number of Registered Credits _____

* 17 ½ - 18 credits - Advisor Signature Required _____

Advisor's Signature

* 18 ½ + credits – Advisor and Dean's Signatures Required _____ and _____

Advisor's Signature

Dean's Signature

I have read the University's tuition and fee and academic policies as published in both the Directory of Classes and the Undergraduate and Graduate Bulletins. I acknowledge such policies and my related obligations to the University as a result of this registration.

Student Signature

Major Advisor Signature

Do Not Write Below This Line (Office Use Only)

Processed By: _____ Date: _____

| |
|---------------------------------------|
| STUDENT FINANCIAL SERVICES |
|---------------------------------------|