Adelphi University
SUMMER 2017 REGISTRATION FORM

Last Name | First Name | Middle | ID Number

Address | City/State | Zip Code | Phone # | Is this a new address? ___ Yes ___ N

Course Number	Title	Days	Time	Credits	Pass/Fail Audit P/F AU	Towards which degree? UG/GR Credit	Academic Approval to over- enr (if classroom space allows)
1. _ _							
2. _ _							
3. _ _							
4. _ _							
5. _ _							
6. _ _							

***Total Number of Registered Credits** _____

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