THE COLLEGE OF SAINT ROSE COURSE REGISTRATION FORM

FALL		SPRING		_ SUMMER I _		SUMMER II		R II	TERM 20	
ID number:_					Name:		Last		First	
Addres	ss:									
City:					_ State:			_Zip:		
County	/:				Tele	ephone	_()		_
□ Chec	k if thi	s is a ne	w addr	ess	□ Pe	ermaner	nt	□ Mailing	□ Boti	:h
Anticip	oated D	ate of Pi	ogram	i Comple rollment veri			Date This informa	of Birth:	/ / for compliance with N	Y
CRN	Subj.	Crse #	Sect.	Part of Term	Credits	Audit	PEF/ CSEA	Course Times		
				-						
	ı	I	nr ·	10 "	1	I		<u>I</u>	L	
			1 ota	ai Credi	ts:					
Student Si	gnature					-	Advisor Signa	ature or Alternativ	/e PIN Number	
					_					
Date]	Date			

Submission of this REGISTRATION FORM indicates a commitment on the part of the student to participate in the above registered courses. IT IS THE RESPONSIBILITY OF THE STUDENT TO BE AWARE OF COLLEGE POLICY AND SEMESTER DEADLINES REGARDING CHANGES TO THIS REGISTRATION, BY ADDING DROPPING OR WITHDRAWING FROM THESE COURSES. NON-ATTENDENCE in a course DOES NOT constitute either a DROP or WITHDRAWAL from a course