

**THE COLLEGE OF SAINT ROSE  
COURSE REGISTRATION FORM**

FALL \_\_\_\_\_ SPRING \_\_\_\_\_ SUMMER I \_\_\_\_\_ SUMMER II \_\_\_\_\_ TERM 20 \_\_\_\_\_

ID number: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Check if this is a new address       Permanent       Mailing       Both

Anticipated Date of Program Completion: \_\_\_\_/\_\_\_\_/\_\_\_\_      Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*This date is necessary for completion of enrollment verifications*      *This information is necessary for compliance with NY state immunization law.*

CRN	Subj.	Crse #	Sect.	Part of Term	Credits	Audit	PEF/CSEA	Course Times	Instructor Signature

**Total Credits:** \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Advisor Signature or Alternative 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-ATTENDANCE in a course DOES NOT constitute either a DROP or WITHDRAWAL from a course