## THE COLLEGE OF SAINT ROSE COURSE REGISTRATION FORM

FALL SPRING	SUMMER I	SUMMER II	TERM 20	
ID number:	Name:	Last	First	
Date of Birth:/				
Address:				
City:	State:		Zip:	
Telephone: ( )				
Permanent address	□ Mailing address	□ Both		

CRNSubj.Crse #Sect.CreditsAuditInstructor<br/>SignatureInstructor<br/>NotesImage: Subj.Crse #Sect.CreditsAuditInstructor<br/>SignatureInstructor<br/>NotesImage: Subj.Image: Subj.Image:

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-ATTENDENCE in a course DOES NOT constitute either a DROP or WITHDRAWAL from a course