

Adelphi University

Spring 2010 REGISTRATION FORM

Last Name	First Name	Middle	ID Number
Address	City/State	Zip Code	Phone #
Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Course Number	Title	Days	Time	Credits	Pass/Fail	Towards	Academic Approval to over- enroll (if classroom space allows)
					Audit	which degree?	
					P/F AU	UG/GR Credit	
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: _____

