

# Adelphi University

## Summer 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: \_\_\_\_\_

