

Adelphi University

SUMMER 2007 REGISTRATION FORM

Last Name _____ First Name _____ Middle _____ ID Number _____ Total Credits _____

Address _____ City/State _____ Zip Code _____ Phone # _____ Is this a new address? Yes No

Course Number	Title	Days	Time	Credits	P/F AU	UG/GR Credit	Academic Approval to over-enroll (if classroom space allows)
1. _ _							
2. _ _							
3. _ _							
4. _ _							
5. _ _							
6. _ _							
7. _ _							
8. _ _							

Pass/Fail Towards
Audit which degree?

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)

Received On: _____

Processed By: _____

Processed On: _____

See Note Page: _____

