

Adelphi University

FALL 2018 REGISTRATION FORM

 Last Name First Name Middle ID Number

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

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

STUDENT FINANCIAL SERVICES