

Adelphi University

SUMMER 2018 REGISTRATION FORM – VISITING STUDENT

 Last Name First Name Middle ID Number /Social Security Number Date of Birth

 Address City/State Zip Code Phone # Email Address

Course Number	Title	Days	Time	Credits	Pass/Fail	Academic Approval to over-enroll (if classroom space allows)
					Audit	
1. - -						
2. - -						
3. - -						
4. - -						
5. - -						
6. - -						

*Total Number of Registered Credits _____

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

Do Not Write Below This Line (Office Use Only)

Processed By: _____ Date: _____

STUDENT FINANCIAL SERVICES
