

Adelphi University

SUMMER 2018 REGISTRATION FORM

Last Name

First Name

Middle

ID Number

Address

City/State

Zip Code

Phone #

Is this a new address? Yes No

Pass/Fail
Audit Towards
 which degree?

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. - -							

*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

Major Advisor Signature

Do Not Write Below This Line (Office Use Only)

Processed By: _____ Date: _____

**STUDENT FINANCIAL
SERVICES**