

STUDENT REGISTRATION FORM

STUDENT ID# (OR S.S.#) _____ PHONE _____ (DAY) _____ (EVENING)

NAME _____ (FIRST) _____ (MIDDLE) _____ (LAST)

ROSTER – FALL 2008

<u>CRN</u>	<u>DEPT</u>	<u>NUM</u>	<u>SECT</u>	<u>CR</u>	<u>TITLE</u>	<u>DAYS & TIMES</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

LAST TERM OF ATTENDANCE AT SAINT JOSEPH'S: _____

STUDENT SIGNATURE: _____ DATE: _____

ADVISOR SIGNATURE: _____ (SEE PAGE 3 FOR LIST OF STUDENTS NEEDING ADVISOR SIGNATURE)

If you are a first-time student at Saint Joseph's, or if any data has changed since the last time you registered, please complete the items below:

Address _____

City _____ State _____ Zip _____

Sex: ___M___ F___ Race: _____ County: _____ Citizenship: _____ Country: _____

Employer: _____ Title: _____

Work Phone: _____ Hours worked daily (e.g. 9-5) _____

Percentage of tuition covered by employer: _____

Choose one:

- Employer pays tuition before classes start
- Employer reimburses tuition after class is over
- Employer reimburses tuition under the following conditions:

_____ (Card holder's name) _____ (Student ID Number)

I authorize the use of my credit card account: (Check one): Master Card ___ Visa ___ Discover ___ American Express ___

Card No. _____ Exp. Date _____ Signature _____

RETURN COMPLETED FORM TO: Saint Joseph's University, Student Service Center – ATTN: Fall Registration, 5600 City Avenue, Philadelphia, PA 19131.

Fallregfrm08