

# SUMMER 2008 REGISTRATION FORM

STUDENT ID (OR S.S.#) \_\_\_\_\_ PHONE \_\_\_\_\_ DAY \_\_\_\_\_ EVENING \_\_\_\_\_ EMAIL \_\_\_\_\_  
 NAME \_\_\_\_\_  
 (First) (Middle) (Last)

**ROSTER – SUMMER 1A**

CRN	DEPT	NUM	SECT	CREDITS	TITLE	DAYS & TIMES
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**ROSTER – SUMMER 1B**

CRN	DEPT	NUM	SECT	CREDITS	TITLE	DAYS & TIMES
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**ROSTER – SUMMER 2A**

CRN	DEPT	NUM	SECT	CREDITS	TITLE	DAYS & TIMES
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

ADVISOR SIGNATURE: \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**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: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ SSN: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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:

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: Summer Registration, 5600 City Avenue, Philadelphia, PA 19131.