REGISTRATION FORM

Registrar's Office McDonough Hall
1678 Asylum Ave
West Hartford, CT 06117-2791
860 231-5225 / 860 231-8396 (fax)

Email: registrar@sjc.edu

Website:www.sjc.edu

******please fill out separate forms for each semester / term *****

TERM AND YEAR YOU ARE REGISTERING FOR: **(circle one)**

FALL WINTER SPRING

SUMMER I SUMMER II **YEAR**: _____

Student ID # _____ SS# _____ - _____ - _____ D.O.B ____/_____/_____

_____/_____

Last Name First Name Middle Initial Maiden Name

_____

Street Address City/State/Zip

Home Phone: _____ Mobile Phone: _____ Campus Ext (if resident): _____

Primary Email: _____ Alternate Email:_____

Employer's Name: _____ Work Phone: _____

Class Status:	Education Level	Citizenship	Ethnicity	Race
☐ H.S. Student □ Women's College □ Prime Time Program □ Graduate Student □ Consortium Student □ Continuing Educ. □ Employee □ Other	□ Some High School □ H.S. Diploma □ Some College □ Associates Degree □ Bachelor's Degree □ Master's Degree □ Doctorate	□ US Citizen □ Permanent Resident □ International Student **Gender:** □ Male □ Female	□ Hispanic / Latino □ Non-Hispanic / Non-Latino	□ American Indian or Alaskan Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White

PRIMARY COURSE SELECTION			YOU WILL BE ENROLLED IN THESE COURSES IF ALL REGISTRATION REQUIREMENTS HAVE BEEN MET AND THERE IS ROOM IN THE CLASS							
COURSE CODE	COURSE NUMBER	COURSE SECTION	COURSE TITLE	INSTRUCTOR	DAY(S) OF WEEK	TIME	CREDITS	OL	P/F	AUDIT
THIS SECTION FOR ALTERNATE COURSE SELECTION IF ANY OF THE ABOVE MAY BE FULL										

REGISTRATION AGREEMENT: **I Accept Full Responsibility For All Courses Selected.** I acknowledge any changes must be authorized by the Registrar's Office. If withdrawal from a course becomes necessary, I will immediately notify the registrar's office. I agree that I am personally responsible for any unpaid balances and collection costs, should my account be referred to an outside collection agency.

I have fully read and accept the Saint Joseph College policies regarding registration, refunds and fees.

Student Signature _____ Date _____

Advisor Signature** _____ Date _____

**REQUIRED FOR ALL UNDERGRADUATE STUDENTS AND
GRADUATE COUNSELING AND MARRIAGE AND FAMILY THERAPY STUDENTS

Registrar's Office Use Only:

Staff Initials _____
Date:_____

rev 10/08