

Local Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

## REGISTRATION

Student ID# \_\_\_\_\_

Name \_\_\_\_\_

Check One:

- FALL 20 \_\_\_\_\_
- WINTER 20 \_\_\_\_\_
- SPRING 20 \_\_\_\_\_
- SUMMER 20 \_\_\_\_\_

### COURSE SELECTIONS

Course Prefix	Course No.	Section	Course Title	Credit Hour	Days	Begin Time	End Time	Instructor Signature <i>(for closed class or after add/drop period)</i>	Advisor Comment
<i>Alternate course selections (Please select at least 3 alternate courses in the event your original choices are not available.)</i>									

**IMPORTANT:** I understand that my registering for courses at Quincy University constitutes a binding agreement to abide by payment, drop, add and complete withdrawal procedures as outlined in the Quincy University Catalog and Student Handbook.

**THESE CHANGES BECOME EFFECTIVE ONLY WHEN THIS FORM IS PROCESSED BY THE REGISTRAR'S OFFICE.**

#### REGISTRAR'S USE

Total Hours: \_\_\_\_\_

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

STUDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ADVISOR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**Provide this information only if you need to make a change, correction, or addition. PLEASE PRINT.**

**ADDRESS WHILE ATTENDING SCHOOL (local/off-campus)**

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

**PERMANENT MAILING ADDRESS**

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

**BILLING ADDRESS** (If different than permanent address)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

INITIAL: \_\_\_\_\_

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