St. Thomas University
S.T.U B.A.S.I.C
16401 Northwest 37th Avenue
Miami Gardens, Florida 33054 Phone: 305-474-6900 **Fax: 305-474-6930** stubasic@stu.edu

REGISTRATION FORM

I.D.NUMBER: ☐☐☐☐☐☐☐

S.S.NUMBER: ☐☐☐-☐☐-☐☐☐☐

TERM: ENTER THE TERM BY EACH COURSE

NAME: _____
LAST **FIRST** **MIDDLE**

Enter the following only if the information on your AER is incorrect.

STREET ADDRESS: _____ **LOCAL PHONE:** _____

CITY: _____ **STATE:** ____ **ZIP:** _____ **WORK PHONE:** _____

Email address: _____

COURSE SCHEDULE

CLOSED CLASS (FACULTY APPROVAL REQUIRED)	TERM	COURSE DEPARTMENT			COURSE NUMBER				SECTION			CREDITS	COURSE TITLE	DAYS	TIME
Ex.	**05/A1**	P	H	I	4	5	7	H	0	1	1	3	TOPICS: CONTEMPORARY PHI	T	**6:00 – 8:30**

I, the undersigned student, agree that I am responsible for the course selection above and that I will be held liable for tuition and fees incurred by me unless I file a written withdrawal form with S.T.U B.A.S.I.C before the end of the specified 100% refund period (See University Refund Policy as published in the University Catalog.) I further agree to waive demand, notice of non-payment and protest and in case of suit shall be brought for the collection hereof, or the same has to be collected upon demand of an attorney, to pay reasonable attorney fees and all collection expenses. I also authorize St. Thomas University in case of default to disclose any relevant information to credit bureau organization and collection agencies.

STUDENT SIGNATURE	DATE
	/ /
ACADEMIC ADVISOR SIGNATURE (Required for prerequisites and Academic Hold Flags)	**DATE**
	/ /

Returning students with satisfactory academic standing may register without an advisor's signature. The student is responsible for selecting courses which apply to their degree program.

HOLD FLAGS	CLEARANCE

FOR S.T.U B.A.S.I.C USE ONLY

DEPARTMENT CHAIR SIGNATURE IF REQUIRED:	BUSINESS OFFICE IF NEEDED DATE / /
SCHEDULE INPUT BY:	