

Arcadia University - Office of the Registrar
 <<<Information/Registration Form>>>

Name: _____ ID#: _____ Date: _____

Address: _____ Sex: _____ DOB: _____
 _____ Ethnic: _____
 _____ Hometown Newspaper: _____

Phone: _____ Year: _____ Class of: _____
 Is this the Billing Address? _____ Graduate Date: _____

Registered Previously?
 Yes: _____ Term: _____ No: _____

Employer Information:
(May be used to contact you during business hours)
 Name: _____
 Phone: _____ ext: _____

Degree: _____ Advisor: _____ Major(s): _____ Minor(s): _____

Undergraduate: _____ Graduate: _____ Day: _____ Evening: _____

Please list any other addresses below: (Parents, Billing, Off-campus, etc.)

Registration for Fall: _____ Spring: _____ Summer: _____ Year: _____

Course Code	Day	Time	Credits	Fee (part time)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Credits for Term: _____

Alternate Courses:

Payment: _____ VISA
 _____ Check _____ MasterCard
 _____ Money Order _____ Student Loan
 Card # _____
 Exp Date _____

Registration fee: Waived
 (Part-time students only)
 Other Fees: _____
 Deferred: _____
 Total: _____
 Amount Remitted: _____
Balance Due: _____

Student Signature: _____ Date: _____

Adviser Signature: _____ Date: _____