REGISTRATION WORKSHEET

TERM: ❒ FALL ❒ JANUARY ❒ SPRING **YEAR:**_____

DATE: _____

Name: _____ Converse ID #: _____
(Last) (First) (Middle) **(May use SS# in lieu of ID# - must enter one)**

❒ **Please check here if new address** E-mail: _____

Address: _____ Home Phone: (____) _____

_____ Alternate Phone: (____) _____
City State Zip

UNDERGRADUATE: TRADITIONAL ❒ CONVERSE II ❒ VISITING STUDENT ❒
FRESHMAN ❒ SOPHOMORE ❒ JUNIOR ❒ SENIOR ❒ NON-DEGREE ❒ SECOND DEGREE ❒

GRADUATE:
MED ❒ MAT ❒ EDS ❒ MFA ❒ MLA ❒ MMFT ❒ MM ❒ SPECIAL STATUS ❒

SUBJECT & COURSE #	SECTION	TITLE	CREDITS	DAY	TIME	COMMENTS
Example: (EDU101)	*(01)*	*Name of Course*	*0*	*MWF*	*6 – 8:30pm*	
ALTERNATE						
ALTERNATE						

TOTAL CREDIT HOURS _____

Business Office Use Only:

Amount: _____

Date: _____

Approved by: _____

THIS FORM **MUST** BE TAKEN TO THE FINANCE & REGISTRATION CENTER TO BE REGISTERED FOR CLASS(ES). YOU **MUST** FOLLOW PROPER DROP/ADD PROCEDURES IF YOU DROP OR ADD CLASS(ES).

I understand that I must assume financial responsibility for all tuition and fees. I also understand that my responsibility will continue until all such charges are paid in full. In the event of collection, with or without suit, the undersigned agrees to pay all costs of such collection, including but not limited to reasonable attorney fees. In addition, interest at a rate of 18% per annum will be charged on outstanding balances.

***All students are bound by the Converse Honor Code.**

_____
ADVISOR SIGNATURE (Undergraduates only)

_____
STUDENT SIGNATURE

_____
Overload Approval Advisor Signature/Initials

Rev. 4/17/17