



GRADUATE REGISTRATION FORM SUMMER SESSIONS I, II and III

PLEASE NOTE: This is a two-page form – both pages **MUST** be included for registration

Name: _____ **DATE** _____
(Title) (Last) (First) (Middle)

Converse ID# or SS#: _____

Summer Session 1a		
Course Number	Title	Credits
_____	_____	_____
_____	_____	_____
<i>(alternate course)</i>		

Summer Session 1b (online)		
Course Number	Title	Credits
_____	_____	_____
_____	_____	_____
<i>(alternate course)</i>		

Summer Session 2		
Course Number	Title	Credits
_____	_____	_____
_____	_____	_____
<i>(alternate course) (Maximum course load of two courses is NEVER waived)</i>		

Summer Session 3		
Course Number	Title	Credits
_____	_____	_____
_____	_____	_____
<i>(alternate course)</i>		

If, for ANY REASON, you decide not to take the class(es), you MUST complete a Drop/Add form. This includes registration by mail as well as on-site registration. The form is available in the Office of the Registrar.

NOTE: All Students are bound by the Honor Code and regulations of Converse University.

**** Tuition and fees are due prior to the start of classes. Tuition due dates are listed on the academic calendar. Payments may be made through the my.converse.edu portal under the Student Billing section.****

I understand that I assume financial responsibility for all tuition, fees and other charges incurred while attending Converse University. I also understand that my responsibility will continue until all such charges are paid in full. Any past due balances will incur late fees and finance charges at a rate of 18% annum until the past due balance is paid in full. Students may not register for future classes or receive a transcript until their balance is paid in full. Uncollectible accounts will be turned over to a collection agency. In the event of collection, with or without suit, the undersigned agrees to pay all cost of collection up to 40% and attorney fees and court fees.

Business Office use only:

Amount paid: _____
Date: _____
Approved by: _____

STUDENT SIGNATURE



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Name: _____ **DATE** _____
(Title) (Last) (First) (Middle)

Converse ID# or SS#: _____ (**Must** enter one of the options)

Address: _____
(Street/PO Box) (City) (State) (Zip)

Phone: _____ **Date of Birth:** _____
(Area Code & Number)

E-mail: _____

Classification (check one):

- Special Status _____
(Non-degree) _____
Student must complete Application for Special Status form
- Graduate Music _____
- Graduate Education _____

Ethnic Information (not required):

- Non-resident Alien _____
- Black, Non-Hispanic _____
- American/Alaskan Indian _____
- Asian Pacific _____
- Hispanic _____
- White, Non-Hispanic _____

If previously enrolled at Converse University, complete the following:

Last Enrolled: _____ Name when enrolled: _____

Is the above address the same as when last enrolled? Yes _____ No _____

I wish to participate in the payment plan: Yes _____ No _____

I have approved financial aid. Yes _____ No _____