

# ALVERNIA UNIVERSITY

## FAX REGISTRATION FORM

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

From: \_\_\_\_\_

Fax: (570) 385-2386

Message: \_\_\_\_\_

School of Graduate and Continuing Studies  
Alvernia University Schuylkill Center  
1544 Route 61 Hwy S. Suite 6190  
Pottsville, PA 17901  
Phone: (570) 385-2382

## REGISTRATION CARD

ID# \_\_\_\_\_ Graduate  Undergraduate  Term: Fall  Spring  Summer  Winterim  Academic Year \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

( ) \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Employer Address \_\_\_\_\_

Are you participating In ACT 48? Yes  No  Work Phone # \_\_\_\_\_

Dept.	No.	Sec.	Course Title	Bldg./Room	Day/Time	Instructor	Credits

Advisor's Signature \_\_\_\_\_ Check One: Degree \_\_\_\_\_ Non-Degree \_\_\_\_\_ Total Credits \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

\* I acknowledge and accept the tuition and fees, as published in the applicable catalogue that will be incurred by this registration request.

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**Important Information**

**Add/Drop – Weeknight classes:** Students must add or drop weeknight courses before 5:00 P.M. on Monday of the second week of classes.  
**Saturday classes:** Students must drop any Saturday class before the second class meeting of the applicable course.

**Withdrawal – Weeknight classes:** Withdrawal dates vary by academic term. Please consult the Academic Calendar via the University's website for the specific dates that apply to your courses.  
**Saturday classes:** Withdrawal for all Saturday classes is required before the third class meeting.

\*\* Students withdrawing from a course are still responsible for all tuition charges\*\*  
Contact the Alvernia University Schuylkill Center with questions: (570) 385-2382