

ALVERNIA UNIVERSITY

FAX REGISTRATION FORM

Date: _____
 From: _____
 Fax: (215) 635-4590
 Message: _____

Graduate and Continuing Studies Division
 Alvernia University Philadelphia Center
 1355 West Cheltenham Avenue
 Melrose Park, PA 19027
 Phone: (215) 635-4734

REGISTRATION CARD

ID# _____ Graduate Undergraduate Term: Fall Spring Summer Winter Academic Year _____

Name _____ Check one: Mr. Mrs. Ms. Miss

Address _____

Street City State Zip Code

() () E-Mail: _____
 Home Telephone Work Telephone

Statistical Information for Federal Reports

Alaskan Native American Indian Asian American _____ / _____ / _____
 Black Pacific Islander Hispanic White **Social Security Number**

Religion: _____ **Are you participating In ACT 48? Yes No**
 Date of Birth: _____

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.

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 College University Center with questions: (215) 635-4734