

ALVERNIA UNIVERSITY

FAX REGISTRATION FORM

Date: _____

From: _____

Fax: (215) 635-4590

Message: _____

School of Graduate and Continuing Studies
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 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 Philadelphia Center with questions: (215) 635-4734