

Registration Form for STUDENT AT-LARGE

Do not use this form if you are not a U.S. citizen or legal permanent resident. Contact the Office of International Admission at: (312) 341-3520. Graduate Students must contact Admission Office first.

Ethnic Background: _____ American Indian/Alaskan Native _____ Asian or Pacific Islander _____ Hispanic
 _____ Black-Non-Hispanic _____ White Non-Hispanic _____ Other _____ Non-Resident Alien

STUDENT'S SS# or ID# _____				Date of Birth: _____		Today's Date: _____		
NAME: _____								
Last			First			Middle		
ADDRESS: _____								
Street			City			State		Zip
HOME PH: (____) _____				WORK PH: (____) _____				
EMAIL ADDRESS: _____								

Do you intend to transfer credits earned to another college/university? _____ Yes _____ No.
 If so, where? _____. If you are currently enrolled at another institution, please write your school name here: _____.

COURSE SELECTION:

	CRN	Subj. Area/Crse. No./Section	Meeting Day and Time	Semester Hrs.
1.				
2.				
3.				

ALTERNATE COURSE

If any courses selected above are closed, please register me for

1.				
2.				

PAYMENT PLAN: _____ Full payment _____ Extended Payment _____ Employer Reimbursement

- For details please refer to Tuition, Fees and Payment Requirements section in Registration Guide.
- Financial aid is not available for Students-at-Large.
- A \$200 late fee for initial registration will be assessed three business days prior to the start of the semester. It may be waived for new students in some cases.

Make check/money order payable to Roosevelt University and include your Student ID Number. If paying with credit card by mail or fax: (312) 341-6395, please use the credit card authorization form included in Registration Guide and online. Please call (312) 341-3570; 3571, 3572, 3573, or 2147 to pay by phone.

STUDENT AGREEMENT: I have read and will abide by all Roosevelt University policies, regulations and prerequisite requirements in the Registration Guide, including the withdrawal and refund policies. I am responsible for all charges incurred by this registration.

Student's Signature

MAIL OR FAX your registration form to:

Roosevelt University, Office of the Registrar Chicago Campus, Rm. 124 430 S. Michigan Ave. Chicago, IL 60605 FAX: (312) 341-2278 PH: (312) 341-3535	Roosevelt University, Office of the Registrar Schaumburg Campus, Rm. 120 1400 N. Roosevelt Blvd. Schaumburg, IL 60173 FAX: (847) 619 -7960 PH: (847) 619 -7950
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