Course Selection Worksheet

Name: __________________________________________________________

Student ID: _______________________________________________________________________

Roosevelt Email: __________________________________________________________

Semester
☐ Fall
☐ Spring
☐ Summer

Year

Are you registering as a Student at large?
☐ Yes

<table>
<thead>
<tr>
<th>CRN</th>
<th>Subject</th>
<th>Course &amp; Section #</th>
<th>Course Time</th>
<th>Hrs</th>
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Student signature and date is required for registration to be processed. Additionally, the students' academic advisor's signature, name & date is required for all courses being registered.

Student's Name (Print)    Signature    Date (MM/DD/YY)

Academic Advisor's Name (Print)    Signature    Date (MM/DD/YY)

Instructor's Name (Print)    Signature    Date (MM/DD/YY)

(Required at the start of the Second Week of Session)

Department Chair Name (Print)    Signature    Date (MM/DD/YY)

(Required at the start of the Second Week of Session)

Registration Agreement: I have read and will abide by all Roosevelt University policies and regulations, including the withdrawal and refund policies. I am responsible for all charges incurred by this registration. I also acknowledge that my registration will be cancelled if I am suspended and I may not attend classes unless officially registered. I understand that if I default in making full payments to my account that my account may be placed for collections. Upon placement, I will be responsible for paying all collection fees incurred by the University as a result of pursuing any unpaid balance. The collection agency fee is based on a percentage of my balance, not to exceed 35% of the account balance. In the event my account is turned over to an outside collections agency, it will have a negative impact on my credit report.

Please return completed form in person, by e-mail, mail or by fax to either (Digital pictures of the form are not acceptable): Office of the Registrar, Chicago: 425 S. Wabash Ave., 1M14 Chicago, IL 60605, Phone: (312) 341-3535 fax: (312) 341-3660 First Stop, Schaumburg: 1400 N. Roosevelt Blvd., Schaumburg, IL 60173, Rm. 125, Phone: (847) 619-7950, Fax: (847) 619-7922 Email: registrar@roosevelt.edu

Revised 1/23/2020