

Name:		□ Fall	Tear			
Student ID:				☐ Spring ☐ Summer		=
Roosevelt Email:_		Are you registering as a Student at large? ☐ Yes				
CDM	Cubicat	Course & Costion #	Com	rse Time		IIwa
CRN	Subject	Course & Section #	Cour	rse Time		Hrs
ALTERNATE						
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all courses being regist	ered.	egistration to be processed. Additiona				
Student's Name (Print)  Academic Advisor's Name (Print)		Signatu	re	Da	ate (MM/DD/Y)	Y)
		Signatu	Signature		Date (MM/DD/YY)	
Instructor's Name (F (Required at the sta		Signatur Veek of Session)	re	Date (MM/DD/YY)		
Department Chair Na (Required at the sta	ame (Print) art of the Second W	Signatur Veek of Session)	Signature ession)		Date (MM/DD/YY)	

**Registration Agreement:** I have read and will abide by all Roosevelt University polices 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 class(es) 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