



# COURSE SELECTION WORKSHEET

Name: \_\_\_\_\_

Student ID # \_\_\_\_\_

Contact # ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

<b>Semester:</b> __ Fall __ Spring __ Summer	<b>Year:</b> _____	<b>Level:</b> __ Undergraduate __ Graduate __ Doctoral	<b>Campus:</b> __ Chicago __ Schaumburg __ Online	<b>College:</b> __ AS __ PA __ BN __ PS __ ED __ PH
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Alternate Courses:

CRN	Subject	Course No.	Section	Course Title	Semester Hours

**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 class(s) unless officially registered.

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.

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Instructor's Name (Please Print) Signature Date  
(Second week of session only)

\_\_\_\_\_  
Academic Advisor's Name (Please Print) Signature Date

\_\_\_\_\_  
Dept. Chair/College Designee's Name Signature Date  
(Second week of session only)

**Please return completed form in person, by e-mail, by mail or by fax to:**  
**Office of the Registrar, Chicago:** 425 S. Wabash Ave., 1M14 Chicago, IL 60605, (312) 341-3535 fax: (312) 341-3660  
**Office of the Registrar, Schaumburg:** 1400 N. Roosevelt Blvd., Schaumburg, IL 60173, Rm. 125, (847) 619-7950/7951 fax: (847) 619-7960  
**Email:** [registrar@roosevelt.edu](mailto:registrar@roosevelt.edu)