



COURSE SELECTION WORKSHEET

Name: _____

Student ID # _____

Contact # (_____) _____

Email: _____

Semester: __ Fall __ Spring __ Summer	Year: _____	Level: __ Undergraduate __ Graduate __ Doctoral	Campus: __ Chicago __ Schaumburg __ Online	College: __ 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.

I understand that if I default in making full payments to my account that my account may be placed for collection. Upon placement, I will be responsible for all collections cost assessed, which can add additional charges up to 40% of my outstanding bill.

Student's Signature Date

Academic Advisor's Name (Please Print) Signature Date

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

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