

# COURSE SELECTION WORKSHEET

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

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

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

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

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

**Please check this box if you are registering as a Student at Large**

**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)  
 (Second week of session only)

 \_\_\_\_\_  
 Signature

 \_\_\_\_\_  
 Date

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

 \_\_\_\_\_  
 Date

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

 \_\_\_\_\_  
 Signature

 \_\_\_\_\_  
 Date

**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, Phone: (312) 341-3535, Fax: (312) 341-3660  
**Office of the Registrar, Schaumburg:** 1400 N. Roosevelt Blvd., Schaumburg, IL 60173, Rm. 125, Phone: (847) 619-7950, Fax: (847) 619-7922  
**Email:** [registrar@roosevelt.edu](mailto:registrar@roosevelt.edu)