# COURSE SELECTION WORKSHEET

**Name:** __________________________

**Student ID #** __________________________

**Contact #** (______) __________________________

**Email:** __________________________

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<thead>
<tr>
<th>CRN</th>
<th>Subject</th>
<th>Course No.</th>
<th>Section</th>
<th>Course Title</th>
<th>Semester Hours</th>
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**Alternate Courses:**

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**Semester:**
- ___ Fall
- ___ Spring
- ___ Summer

**Year:**
- ___ Undergraduate
- ___ Graduate
- ___ Doctoral

**Level:**
- ___ Chicago
- ___ Schaumburg
- ___ Online

**Campus:**
- ___ AS
- ___ PA
- ___ BN
- ___ PS
- ___ ED
- ___ PH

**College:**

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**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.

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**Academic Advisor’s Name (Please Print)** __________________________

**Signature** __________________________

**Date** __________________________

**Instructor’s Name (Please Print)** __________________________

(Second week of session only)

**Signature** __________________________

**Date** __________________________

**Dept. Chair/College Designee’s Name** __________________________

(Second week of session only)

**Signature** __________________________

**Date** __________________________

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**Student’s Signature** __________________________

**Date** __________________________

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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

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