COURSE SELECTION WORKSHEET

Semester:	Year:	Level:	Campus:	College:
__ Fall		__ Undergraduate	__ Chicago	__ AS __PA
__ Spring	_____	__ Graduate	__ Schaumburg	__ BN __ PS
__ Summer		__ Doctoral	__ Online	__ ED __ PH

Name: _____

Student ID #_____

Contact # (_____) _____

Email: _____

	CRN	Subject	Course No.	Section	Course Title	Semester Hours
Alternate Courses:						

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, 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

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