THE COLLEGE OF ST. SCHOLASTICA Student Registration Form

Registrar: (218) 723-6039

Student ID Num	ber	Name			Birth Date	Sex	Registration Holds	Alt. PIN	Registration Date
Classification	Туре	Honors	Term, Year #Name?	Off-Camp	us Address	s (If dif	ferent than Permar	nent Addres	ss)
Major(s) Minor(s)			CSS Box Number Phone Number						
Intended Major Anticipated Grad Date			Number and Street						
Please circle one designation in each category below: Racial/Ethnic Origin Disability Condition Religious Preference			City			State		Zip	
A Nonresident Alien	DB Deaf/Blind BA Baptist DE Deaf CA Catholic		CA Catholic	Permanen	t Address			i	
B African American C American Indian D Asian American E Hispanic NO Not Disable		al	EP Episcopalian JE Jewish LU Lutheran ME Methodist	County		I	Phone		
F Caucasian OI G Multi-Racial O	OR Orthopedic OT Other SE Seizure		NO None OP Other Protestant OT Other	Number and Street					
I Unknown	SP Speed UN Disab VI Visual	SpeechPR PresbyterianDisabledUN United Ch. Christ		City					Zip

Please check here if you made any corrections to the personal information above:

CLASS SELECTIONS

CRN	Course	Section	Credit Hours	Days	Time	Approval (if required)
			1			
]			
			++-			
		tal Cradit Hours	<u> </u>			

Total Credit Hours

ALTERNATIVE CLASS SELECTIONS

	CRN	Course	Section			CRN	Course	Section
lf					1st Choice			
					2nd Choice			
lf					1st Choice			
					2nd Choice			
lf	lf			is full, please enroll me	1st Choice			
			in one of the following:	2nd Choice				

"I agree to make payment, and accept refunds due me, for the above courses in accordance with the terms and conditions outlined in the current published tuition/fees and refund policy statement of the college. Late fees and collection costs will be assessed if the account is not paid in full."

Student Signature:	_ Date:	Advisor Signature:	Date:
--------------------	---------	--------------------	-------