**Student Registration Form**

**THE COLLEGE OF ST. SCHOLASTICA**

**Registrar:** (218) 723-6039

<table>
<thead>
<tr>
<th>Student ID Number</th>
<th>Name</th>
<th>Birth Date</th>
<th>Sex</th>
<th>Registration Holds</th>
<th>Alt. PIN</th>
<th>Registration Date</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Classification</th>
<th>Type</th>
<th>Honors</th>
<th>Term, Year</th>
<th>Sex</th>
<th>Registration Holds</th>
<th>Alt. PIN</th>
<th>Registration Date</th>
</tr>
</thead>
</table>

**Off-Campus Address (If different than Permanent Address)**

<table>
<thead>
<tr>
<th>Major(s)</th>
<th>Minor(s)</th>
<th>CSS Box Number</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Intended Major</th>
<th>Anticipated Grad Date</th>
<th>Number and Street</th>
</tr>
</thead>
</table>

**Please circle one designation in each category below:**

- **Racial/Ethnic Origin**
  - A Nonresident
  - B African American
  - C American Indian
  - D Asian American
  - E Hispanic
  - F Caucasian
  - G Multi-Racial
  - H Other
  - I Unknown

- **Disability Condition**
  - DB Deaf/Blind
  - DE Deaf
  - LD Learning
  - ME Mental
  - OR Orthopedic
  - OT Other
  - SP Speech
  - VI Visual

- **Religious Preference**
  - BA Baptist
  - CA Catholic
  - EP Episcopal
  - JE Jewish
  - LU Lutheran
  - ME Methodist
  - NO None
  - OP Other Protestant
  - PR Presbyterian
  - UN United Ch. Christ

**Permanent Address**

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

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

**CLASS SELECTIONS**

<table>
<thead>
<tr>
<th>CRN</th>
<th>Course</th>
<th>Section</th>
<th>Credit Hours</th>
<th>Days</th>
<th>Time</th>
<th>Approval (if required)</th>
</tr>
</thead>
</table>

**ALTERNATIVE CLASS SELECTIONS**

<table>
<thead>
<tr>
<th>CRN</th>
<th>Course</th>
<th>Section</th>
<th>Credit Hours</th>
<th>Days</th>
<th>Time</th>
<th>Approval (if required)</th>
</tr>
</thead>
</table>

"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:**