

Semester: _____

Year: _____



LA ROCHE
COLLEGE

Registrar Use Only:

Date: _____

Initials: _____

Registration Form

Student ID No: _____ or Social Security No: xx-xx-_____

Name: _____
Last First

Are you a first-time freshman? Yes ___ No ___ (If yes, take form to Academic & Career Advising, AB211)

Important: Your registration is a formal agreement. You will be billed from this agreement and assigned to the class rosters you indicated. Any revisions to this registration must be made with an official "Add/Drop" form.

Note: Non-attendance of a class is NOT an official withdrawal from that class. Failure to drop a class that you are not attending will result in a grade of "F" for that class.

COURSE SELECTION

Course Number	Section	Course Title	Credits
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Advisor's Signature _____ Date: _____

By signing, I, the student, promise to pay a late charge computed at 1 ½ per cent on the month past due balance on my student account if the payment(s) is (are) not received in the Student Accounts Office by the respective due date. I also promise to pay costs of collection, all attorney fees, and other collection costs and charges necessary for the collection of any amount not paid when due to La Roche College.

Student's Signature _____ Date: _____