SACRED HEART UNIVERSITY
UNIVERSITY COLLEGE

SACRED HEART UNIVERSITY
University College
Administration Building
5151 Park Avenue • Fairfield, CT 06825-1000

UNDERGRADUATE PART-TIME STUDENT REGISTRATION FORM

Please complete both sides of this form.

FIRST | LAST | MI

PERMANENT RESIDENCE (STREET) ADDRESS | CITY | STATE | ZIP CODE

PERMANENT RESIDENCE PHONE ___-___-____

PREVIOUS NAME (IF CHANGED SINCE LAST REGISTRATION)

COUNTRY OF RESIDENCE (IF OUTSIDE U.S.)

WORK EMAIL: _____ HOME EMAIL: _____

Employment

_____
EMPLOYER

_____
STREET

_____
CITY STATE ZIP CODE

_____
POSITION/TITLE

_____
BUSINESS PHONE

Does your company provide Tuition Reimbursement?

❑ Yes ❑ No

Mail/Fax completed Registration Form to:
SACRED HEART UNIVERSITY
University College - Administration Building
5151 Park Avenue • Fairfield, CT 06825-1000
203-371-7830 • Fax 203-365-4458

Check All That Apply

Gender: ❑ Male ❑ Female

Date and Location of Birth: _____

Are You Receiving Veteran's Benefits? ❑ Yes ❑ No

Are You Here on Foreign Student Visa? ❑ Yes ❑ No

Have you ever attended SHU before? ❑ Yes ❑ No

❑ AA ❑ AS ❑ BA ❑ BS
❑ Visiting Student
❑ Non-degree ❑ Certificate

Last College Attended (NAME AND ADDRESS)

_____
_____

Ethnic: (OPTIONAL)
❑ **HIS** Hispanic/Latino
❑ **NHS** Non Hispanic/Latino
❑ **UN** Unknown/Unreported

Race: (OPTIONAL)
❑ **AN** American/Alaskan Native
❑ **AS** Asian
❑ **BL** Black or African American
❑ **HP** Hawaiian/Pacific Islander
❑ **WH** White
❑ **UN** Unknown/Unreported

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Please complete both sides of this form.

Social Security #: _____ - _____ - _____

Fall 20___ Winter 20___ Spring 20___ Late Spring 20___ Summer 20___

Student Number: _____ Anticipated Degree Date (REQUIRED): _____
Month/Year

Name: _____
First Last Middle

CATALOG NUMBER					SECTION	CREDITS	PASS/ FAIL	√ IF AUDIT	FULL TITLE OF COURSE

Required for full-time, visiting students, nondegree students and new part-time degree students.

_____ _____ _____
Advisor's Signature Date Print Advisor's Name and Department Here

REGISTRANT AGREEMENT

I accept this program with full responsibility for the courses selected and will pay the tuition and fees (including finance charges and collection fee, if applicable) associated with these courses. I also accept financial responsibility for and agree to pay all parking fines incurred at Sacred Heart University. I know that if I need to change or drop any of the courses, i must notify the Registrar's Office in writing. I am aware that there are no refunds of tuition and fees for temporary absences from class. I am also aware that there is no refund if I am suspended or dismissed from the University. If withdrawal becomes necessary, I must report in person to the Registrar's Office and complete an official withdrawal form. *The registration fee is not refundable.*

Applicant's Signature: _____ Date: _____

Revised 10-09