SACRED HEART UNIVERSITY

# Undergraduate Full-Time Registration Form

Mail/Fax: Sacred Heart University, Registrar's Office
Academic Center Room SC 126
5151 Park Avenue
Fairfield, CT 06825-1000
Tel. 203-371-7890 · FAX: 203-365-7509

Please Select a Term

| | |
|---|---|
| ☐ Fall 20__ | ☐ Late Spring 20__ |
| ☐ Winter 20__ | ☐ Summer 1 20__ |
| ☐ Spring 20__ | ☐ Summer2 20__ |

Student ID Number

Social Security Number ___ - ___ - ____

First Name

Last Name

MI

| COURSE SUBJECT & NUMBER | SECT | CR | PASS/ FAIL | √ if Audit | FULL TITLE OF COURSE |
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**Registration Agreement**: I accept this program with full responsibility for the courses selected and will pay the tuition and fees (including late charges and collection fees, 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 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 or University College and complete an official withdrawal form. The registration fee is not refundable.

Signature _____ Date _____

PAYMENT OPTIONS

To enroll or get additional information – Monthly Payment Plan or Payments On-Line go to the Student Accounts Website at www.sacredheart.edu/pages/1095_student_accounts.cfm or contact the Student Accounts Office at 203-371-7925.

# Undergraduate Full-Time Registration Form

**Please complete both sides of this form**

Last Name | First Name | MI

Permanent Residence (Street) Address | City | State | Zip code

Phone Number (___-___-____) | Previous Name | Country of Residence

Date of Birth (__ | __ | 19 _ _) | Email Address

**Ethnicity**:

- ☐ **HIS** Hispanic/Latino
- ☐ **NHS** Non Hispanic/Latino
- ☐ **Un** Unknown/Unreported

**Race**:

- ☐ **AN** American/Alaskan Native
- ☐ **AS** Asian
- ☐ **BL** Black or African American
- ☐ **HP** Hawaiian/Pacific Islander
- ☐ **WH** White
- ☐ **UN** Unknown/Unreported

## Promissory Note

For value received, the undersigned jointly and severally promises to pay to the order of Sacred Heart University the total of all tuition and fees as stated in the conditions of the registration agreement and, if applicable, housing charges, meal plan charges, and payment plan fees, hereafter call the principal. If payment is received later than the due date, a finance charge will be assessed at the rate of .75% per month, annual rate of 9%, on the principal of the account.

Nonpayment of the account is a breach of this agreement and may result in referral to a collection agency or attorney. Referral to a collection agency may affect your credit rating. Should this note be placed in the hands of a collection agency or an attorney for collection, the maker of this note promises to pay as the holder's attorney's fees an amount equal to 15% of the principal amount, but no less than $50. In addition, the University will not release grades, transcripts or diploma or allow a student to register for a subsequent term with a delinquent balance.

Financial assistance and student loans are methods of payment. Should any financial assistance awards or loan amounts change, the resulting balances are the signer's responsibility.

I hereby agree to remit payment according to the payment option I have elected. I have read and understand the terms and conditions as stated in this promissory note.

Signature _____ Date _____