

PONTIFICAL COLLEGE JOSEPHINUM

SPRING REGISTRATION 2012

COURSE REGISTRATION

Last Name First Name Middle Name

Address:

Home phone Work phone E-mail

Social Security Number: - - Check box if this is a new address.

I am registering for the course(s) that are checked. (Place check mark in front of course.)

Table with 7 columns: Place check mark, Course No., Course Title, Credit Hours, Day, Classroom, Times. Rows include DO 717 D, DO 724 D, PHIL 318 D, and UTHE 226 D.

Total Credit Hours

I assume financial responsibility for the course(s) shown on this registration form and am aware of the School's Drop/Add, Refund and Withdrawal policies.

Student's Signature Date

- Dates of classes for spring:
January 21, 28
February 4, 11, 18, 25
March 3, 17, 24, 31
April 14, 21, 28
May 5 - Final Exam

A meal ticket for 14 Saturday lunches can be purchased for an additional \$112.00.

Please bill me an additional \$112.00 for the meal ticket.

Student's Signature Date