

**THE COLLEGE OF SAINT ROSE**  
**COURSE REGISTRATION FORM**  
 College in the High School

FALL    X    SPRING    TERM    2018

Social Security #: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Optional
Gender: _____
Citizen (circle): YES, NO

CRN	Subj.	Crse #	Sect.	Title	Credits
2287	PHI	205	H1	Business Ethics	3

3

**Total Credits:** \_\_\_\_\_

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

Submission of this REGISTRATION FORM indicates a commitment on the part of the student to participate in the above registered course. It is the responsibility of the student to be aware of College policy and semester deadlines regarding changes to this registration by withdrawing from this course. Non-attendance in a course does NOT constitute either a Drop or Withdrawal. Once registration is processed there are no refund of the tuition.