

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
2284	MAT	145	H1	Math Themes:Geometry&Engr Dsgn	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.