

# **Undergraduate Registration Form**

### Sacred Heart UNIVERSITY

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

Т	el: 203	3-371-7	890 –	FAX:	203-36	65-750
S	TUD	ENT	ID N	UM	BER	

Please s □Fall 20 <u>17</u>	elect term and insert year.  □Spring 20[] □Late Spring 20
□Ahead 1 20	□Ahead 3 20 □Summer 1 20
□Ahead 2 20	□Ahead 4 20 □Summer 2 20
□Mod. 1 20	□Mod. 3 20 □Mod. 5 20
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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 and complete an official withdrawal form. The registration fee is not refundable.

木	Student	Signature
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V

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/student accounts or contact the Student Accounts Office at 203-371-7925.

www.sacredheart.edu

## Whotre Dame H.S.

2017-18



## **Undergraduate Registration Form**

#### Please complete both sides of this form

PERMANENT RESIDENCE (STR  PERMANENT RESIDENCE PHO  DATE OF BIRTH  / /19	EET) ADDRESS	CITY  ME (IF CHANGED SINCE LAST RIDDRESS	STATE STATE COUNTRY OF RE	MI ZIP CODE SIDENCE
Ethnicity:  HIS Hispanic/Latino NHS Non-Hispanic/Latino UN Unknown/Unreported	Race:  AN American/Alaskan  AS Asian  BL Black or African-A  HP Hawaiian/Pacific I  WH White  UN Unknown/Unrepor	American slander		
Promissory Note  For value received, the undersigned joint in the conditions of the registration agree principal. If payment is received later tha principal of the account.  Nonpayment of the account is a breach o affect your credit rating. Should this note as the holder's attorney's fees an amount grades, transcripts or diplomas or allow a Financial assistance and student loans are the signer's responsibility.  I hereby agree to remit payment accordin promissory note.	ment and, if applicable, housing in the due date, a finance charge of this agreement and may result is be placed in the hands of a colle equal to the 15% of the principa student to register for subsequent methods of payment. Should an	charges, meal plan charges, ar will be assessed at the rate of a n referral to a collection agend action agency or an attorney for a mount, but no less than \$50 not terms with a delinquent balancy financial assistance awards	nd payment plan fees, hereaft. 75% per month, annual rate cry or attorney. Referral to a cor collection, the maker of this. In addition, the University cance.  or loan amounts change, the	ter called the of 9%, on the collection agency may s note promises to pay will not release resulting balances are
* Student Signature	2		Date	

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