

THOMAS UNIVERSITY REGISTRATION FORM

Date _____ Semester _____ Major _____

Name _____ SSN: _____

Address _____ Home Phone: _____

_____ Work Phone: _____

THIS FORM MUST BE COMPLETED AND PRESENTED TO THE BUSINESS OFFICE.

COURSE	DAY	TIME	HOURS

TOTAL HOURS _____

Advisor's Signature _____

Student's Signature _____

Tuition: \$ _____

Fee's \$ _____

Other: \$ _____

TOTAL: \$ _____

PENDING FINANCIAL AID	
Pell	_____
GTEG	_____
Hope	_____
Sch	_____
Loans	_____
Other	_____

I acknowledge that I have registered for the above classes. I am responsible for the tuition charges not covered by grants or other financial aid. I understand that in order to withdraw I must do so formally. The withdrawal forms are located in Student Services. Failure to withdraw formally may result in severe academic penalty. Failure to pay deferred accounts on time will result in a \$100 late fee. Accounts not paid in full will have a 1.5% monthly finance charge assessed.

Student's Signature _____

Date: _____

Comments: _____

