

TROCAIRE COLLEGE REGISTRATION FORM

Student ID No. \_\_\_\_\_

New  Current  Returning

Student Name \_\_\_\_\_

Major \_\_\_\_\_

Address \_\_\_\_\_

Class:  Freshman  Sophomore  Junior  Senior

City State Zip Code

Telephone: \_\_\_\_\_

Check box if this is a new address.

Semester \_\_\_\_\_ (required field)

Table with 6 columns: Course Dept. / No., Section, Alt. Section 1, Alt. Section 2, Credit Hours. Rows labeled Course 1 through Course 10.

I have / will be filing a FAFSA

I will not be filing a FAFSA

Proper use of this form will automatically register you for the next semester’s classes. The Registrar’s Office will contact you if your schedule has a conflict, when a course is at wait list or is closed. When possible, be sure to include your 1st and 2nd alternate sections to avoid being closed out of a course. All schedules and billing information will be mailed when the registration has been completed. Your registration will not be processed if you have any holds placed by the Student Accounts Office, Financial Aid Office, Health Office, Library, Registrar’s Office or the Admissions Office.

STATEMENT OF FINANCIAL LIABILITY

LIABILITY STATEMENT: I hereby acknowledge my liability to Trocaire College and my obligation to abide by all college policies, as outlined in the course schedule. By registering for a course(s) I understand that I will incur full financial liability for the cost of course registration. I understand that I must pay the full cost of course registration by the final payment due date. I understand that if I fail to pay the full cost of course registration by the final payment date, I will be delinquent. If I am delinquent by two or more weeks, I understand that a \$100 non-compliance fee will be added to any outstanding balance on my account. If I am delinquent by 30 days, I understand that Trocaire College will issue a final billing notice and place my account in collection. If my account is placed in collection, I agree to reimburse the College the fees of any collection agency, which may be up to 30% of my outstanding balance. I further agree to reimburse the College for reasonable attorney fees and costs the College incurs in connection with such collection efforts. I agree that my grades, transcripts, or diplomas will not be released to me or others to whom I direct they be released until all of my financial obligations to the College have been met. I agree that it is my responsibility to contact the Director of Advisement when officially withdrawing from any course. I understand that it is my responsibility to withdraw from classes in writing and that the date of official withdrawal from the College will be the day on which written notification is received in the Registrar’s office. I also understand that NON-ATTENDANCE WILL NOT RELEASE ME FROM TUITION LIABILITY.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ADVISEMENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Office Use: Health Office \_\_\_\_\_ / \_\_\_\_\_ Initials / Date

Registrar’s Office: \_\_\_\_\_ / \_\_\_\_\_ Initials / Date

After Registrar’s Office student goes to Financial Aid Office for their schedule and statement