



Office of the Registrar
 Student Services Center
 100 Ochre Point Avenue
 Newport, Rhode Island 02840-4192
 TELEPHONE 401.341.2942 • FAX: 401.341.2996

STAFF USE ONLY:
 Class Advisor Initials: _____
 Data Entry Initials: _____
 Date Accepted: _____

REGISTRATION FAX-FORM

USE FOR FAX REGISTRATION ONLY. COMPLETE ALL INFORMATION. PRINT CLEARLY.

Academic Year: _____ Semester: Fall Spring Summer I Summer II

Student Name: Last _____ First _____ MI _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____ (Month/Day/Year)

Gender: Male Female Check if you receive Veteran's Benefits: No Yes

Check Class Standing: Freshman Sophomore Junior Senior Graduate Non-matriculated

Major: _____ Major-2: _____ Minor: _____ Minor-2: _____

Local Address: Campus Mailbox: _____ Campus Phone Exten: _____ E-Mail Address: _____

Number & Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Telephone (Work): (_____) _____ Telephone (Local): (_____) _____

Permanent Address:

Number & Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Permanent Telephone: (_____) _____

Billing Address: (If different from permanent address)

Number & Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Billing Telephone: (_____) _____

Course Selection Data

Course Code	Section	Course Title	Credits	Audit?	Days	Start-Time	End-Time

Total Credits: (Total credits **exclude** audits.)

**Make checks payable to Salve Regina University.
 Send payment to Salve Regina University at above address.**

Business Office Use Only

Tuition: _____ Activities Fee: _____

Registration Fee: _____ Technology Fee: _____

Lab/Studio Fee: _____ Other: _____

Total: _____

Payment Type: Check Cash
 Visa MasterCard

Cardholder Name: _____

Card Number: _____

Card Expiration Date: ____/____

Receipt Number: _____

***NOTICE:** By my student signature below, I accept responsibility for ensuring that all courses registered this semester are appropriate to my degree program and class standing, or are being taken for my personal enrichment. I am also responsible for the accuracy of all information on this form. I agree to notify the Registrar's Office promptly in writing of any withdrawal or other change that affects my enrollment status in any class this semester.*

Student Signature: _____ Date: _____

Faculty Advisor Signature (Undergraduate Major): _____