

SUFFOLK UNIVERSITY

Office of the Registrar Registration Form

Please read and complete each section carefully.



Semester _____ Year _____ Student ID# _____
 Name _____
 Street _____

 City _____ State _____ Zip _____
 Day Phone (_____) _____ Evening Phone (_____) _____
 E-mail _____
Please check one: Freshman Sophomore Junior Senior Special Major/Program _____

Please fill out form accurately. Be sure to include all information required. Please have an alternative course selected for each course initially chosen. This alternative course need not be at the same time nor on the same day as the initial course, but it should not be a course which appears elsewhere on your form.

Sample:

**For registration confirmations,
please visit your SAIL Students
account on Campus Cruiser and click
on My Class Schedule.**

	Syn.	Dept.	Course#	Sect#	Title	Day	Time	Credits	Instructor
1	1122	MATH	134	A	Calculus for Mgt. & Social Sciences	MWF	8:00-8:50	3	Vovan
Alt.	1206	CMPSC	F121	AE	Intro to Computer Programming	TTH	11:30-12:45	3	Shukla
1									
Alt.									
2									
Alt.									
3									
Alt.									
4									
Alt.									
5									
Alt.									
6									
Alt.									
7									
Alt.									

Advisor's Signature:

An advisor's signature is required for all undergraduate students, except Sawyer Business School, Finance and Management Majors. Graduate students should check with their program directors. It is recommended that all students meet with their advisors.

Signature: _____ Date: _____

Please print name: _____

Remember to check for important Suffolk updates via your Suffolk email account. For info visit www.suffolk.edu/email.

Office Use Only _____
 Accounting Clearance: _____