Student name - **Last** First Student ID# (or Social Security Number)

Fill in all columns for each course for which you wish to register.

Prefix	Course #	Sec.	Title	Day	Units	Check if Audit	Office Use Only

Approval for (be specific - cannot use for probation):
Authorized signature

AGREEMENT: In consideration of the acceptance of this registration by John F. Kennedy University, I agree to observe the rules of the university and notify the registration office promptly if I withdraw from any class or take other action which may affect the status of my enrollment. I understand that responsible for the total tuition and fees that I incur and that arrangement for payment must be made at the time of registration.
Tuition and course fees will be assessed according to current rates. Please see the university catalog for tuition rates.

_____ _____/_____

Student Signature Date Processed by Date

New address, phone or e-mail? _____

Revised 6/18/200