

Trinity College of Nursing & Health Sciences COURSE REGISTRATION/ADD/DROP FORM

Fall Semester 20 _____ Spring Semester 20 _____ Summer Semester 20 _____

STUDENT NAME: (Top portion must be completed in its entirety.)

Last First M.I.

Social Security# _____ - _____ - _____ Birthdate _____ - _____ - _____

Home Telephone: _____ Work Telephone: _____ Cell Phone: _____

Student's Email Address: _____

CLASSIFICATION:

_____ ASN _____ Radiography _____ EMT/Basic

_____ BSN _____ Surgical Technology _____ EMT/Paramedic

_____ Accelerated BSN _____ Respiratory Care _____ Other _____

Course Name (i.e. Biology 145)	Check box if "online" course	5-Digit Course Number <i>*This must be present to process registration form</i>	Section Number	Semester Hours	Providing Institution (TC, BHC, WIU, EICC)	R- Register A- Add D- Drop WF- Withdrawal Failing WP- Withdrawal Passing AU- Audit

ADVISOR SIGNATURE: _____ **DATE** _____

REFUND POLICY

*It is very important to be aware of the Refund Policy.
The Refund Policy varies by the Institution in which the courses are offered, therefore
Students should check the Refund Policy for that Institution*

I AUTHORIZE THE DEDUCTION OF ANY FINANCIAL ASSISTANCE TO PAY TUITION, FEES, FOR COURSES ON THIS REGISTRATION FORM. I REALIZE I MUST BE IN REGULAR CLASS ATTENDANCE TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE.

Your signature on the line below indicates that you have read and understood all of the information concerning registration and financial assistance. This form will not be processed without a student signature.

STUDENT'S SIGNATURE _____ **DATE** _____

White Copy – Registrar
Yellow Copy – Advisor
Pink Copy – Student

For Office Use only:
_____ FAXED
_____ REGISTERED
_____ BILLED
_____ FINANCIAL AID