



University Registrar's Office
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.

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

It is recommended that all students meet with their advisors. The Registrar's office should be notified of any prerequisite overrides prior to registration.

Comments: _____

Advisor Signature: _____ Date: _____

Advisor name: _____

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

For Registration confirmation Please Visit MySuffolk and click on "My Class Schedule"

Office Use Only

Accounting Clearance: