

ADULT ACCELERATED UNDERGRADUATE PROGRAMS REGISTRATION FORM

Please complete ALL sections of the form as completely as possible. Missing information can delay your registration.

Social Security #	Student ID #	Birth Date	Academic Plan
First Name MI Last Name		Job Title	
Apt.		Employer	
Address		Address	
City State Zip		City State Zip	
Area Code Home Phone		Area Code Work Phone Ext	
Email Address (Home)		Email Address (Work)	

AFTER REGISTERING, PLEASE PICK UP YOUR BOOKS AT THE BOOKSTORE AND CHECK FOR A PRE-CLASS ASSIGNMENT ON OUR WEB SITE AT www.ben.edu. *Students who withdraw after the first week of class will receive a "W" on both the grade report and the transcript. Simply notifying the instructor or failing to attend does not constitute an authorized withdrawal and will result in a grade of "F."*

Term	Class #	Subject Cat #	Course Title	Day/Time	Credit or Audit	# of Credits
EXAMPLE Spring 2001	EX: 5265	EX: MGMT 500	EXAMPLE Accounting for Managers	EX: SAT (3/31-4/28), 9-4	EX: Credit	EX: 4

I PROMISE TO PAY TO THE ORDER OF BENEDICTINE UNIVERSITY TUITION FOR THE COURSES LISTED ABOVE. I FURTHER ACKNOWLEDGE THAT I AM FINANCIALLY RESPONSIBLE FOR THESE CHARGES IN THE EVENT OF WITHDRAWAL FROM CLASSES AS OUTLINED IN THE CURRENT CATALOG.

DATE: _____ SIGNED: _____)