Quincy University

OFFICE OF THE REGISTRAR

Cell Phone # _____

☐ **Nursing**

REGISTRATION

REGISTRATION LABEL OR

Student ID# _____

Name: _____

Check One:

☐ FALL 20 _____

☐ WINTER 20 _____

☐ SPRING 20 _____

☐ SUMMER 20 _____

COURSE SELECTIONS

Course Prefix	Course No.	Section	Course Title	Credit Hours	Days	Begin Time	End Time	Instructor Signature *(for closed class or after add/drop period)*	Advisor Comment
Alternate course selections *(Please select at least 3 alternate courses in the event your original choices are not available.)*									

IMPORTANT: I understand that my registering for courses at Quincy University constitutes a binding agreement to abide by payment, drop, add and complete withdrawal procedures as outlined in the Quincy University Catalog and Student Handbook.

THESE CHANGES BECOME EFFECTIVE ONLY WHEN THIS FORM IS PROCESSED BY THE REGISTRAR'S OFFICE.

_____ _____ _____ _____

STUDENT'S SIGNATURE DATE ADVISOR'S SIGNATURE DATE

REGISTRAR'S USE

Total Hours: _____

Initials: _____

Date: _____