

St. Lawrence University: Graduate Registration Form

Return to: Office of the Registrar Vilas 117

NOTE: Registration will NOT be processed without Name, Program/Track and ALL Registration Information.
Students MUST be admitted to a program BEFORE their 12th credit is graded.

Name: _____ SLU Student ID #: _____ Anticipated Grad Month/Year: ____ / ____

SSN (Last 4 Digits): _____

Checkmark Your Program & Track

- | | |
|--|--|
| <input type="checkbox"/> M.Ed Counseling & Human Development | <input type="checkbox"/> CAS: Certificate of Advanced Studies
<input type="checkbox"/> <i>SDL only</i> <input type="checkbox"/> <i>SBL/SDL combined</i> <input type="checkbox"/> <i>counseling</i> |
| <input type="checkbox"/> M. Ed Educational Leadership
<input type="checkbox"/> <i>non-cert.</i> <input type="checkbox"/> <i>cert.-SBL</i> | <input type="checkbox"/> M.S. Mental Health Counseling |
| <input type="checkbox"/> M.Ed General Studies
<input type="checkbox"/> <i>non-cert.</i> <input type="checkbox"/> <i>teach cert.</i> <input type="checkbox"/> <i>post-baccal.</i> | <input type="checkbox"/> Special Student (non-matric.)
<i>Full SSN</i> ____-____-____ <i>DOB:</i> _____ |

Year 20 ____	Session/Term	Department	Course No.	Section	Hours
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Sumg1 <input type="checkbox"/> Sumg2					
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Sumg1 <input type="checkbox"/> Sumg2					
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Sumg1 <input type="checkbox"/> Sumg2					
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Sumg1 <input type="checkbox"/> Sumg2					
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Sumg1 <input type="checkbox"/> Sumg2					
<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Sumg1 <input type="checkbox"/> Sumg2					
Total Hours					

*** Student signature certifies that student guarantees the payment of tuition & fees for the above courses and has read and agrees to the payment terms on the reverse of this card.

Advisor's Signature Date *** Student's Signature Date rev. 9/11 kbm

STUDENT STATISTICAL INFORMATION

Address: _____ City _____ State _____ Zip _____
Phone: Home _____ Work _____ Cell _____
Email Address 1) _____ 2) _____

- Payment Terms:**
1. Students are billed mid month for courses in which they have registered during the last 30 days. Payment to the University is due upon receipt of bill.
 2. Interest of 1% per month will be assessed on all balances past due by 30 days or more.
 3. Students with past due balances will not be allowed to register for additional courses or for subsequent semesters. Official transcripts will not be released until all financial obligations have been resolved.
 4. For any account that must be turned over to a collection agency, the student is responsible for all collection costs.
 5. Graduation from St. Lawrence is conditional on meeting the student's financial obligation to the University.

Waiver Forms:
Students with a valid St. Lawrence University waiver form may send the waiver form and applicable fees to Student Financial Services, Student Center, Canton, NY 13617, Attn: Student Account Clerk. The waiver form and applicable fees are due upon receipt of a bill.

Tuition Remission:
Students eligible for tuition remission benefits must have a completed and approved remission form on file with Human Resources. Forms may be obtained at the Human Resources Office. Human Resources will submit all approved remission forms to Student Financial Services for processing. Upon receipt of a bill, all applicable fees should be remitted to Student Financial Services with a notation as to the amount of tuition remission to be received.

Additional information regarding St. Lawrence University billing policies may be found at www.stlawu.edu/sfs .