

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*.

Name: _____

SSN (Last 4 Digits) _____

Checkmark Your Program & Track

- M.Ed Counseling & Human Development**
 school couns *mental hlth. couns.*
- M. Ed Educational Leadership**
 non-cert. *cert.-SBL*
- M.Ed General Studies**
 non-cert. *teach cert.*

- CAS: Certificate of Advanced Studies**
 SDL only *SBL/SDL combined* *counseling*
- Post-Baccalaureate Teaching Cert. Program**
- Special Student (non-matric.)**
 Full SSN ____-____-____ DOB: _____

Registration

- | | | | |
|-------------------------------|---------------------------------|-------------------------------|-------------------------------|
| Year 20 ____ | Session/Term | | |
| <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> Sum1 | <input type="checkbox"/> Sum2 |
| <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> Sum1 | <input type="checkbox"/> Sum2 |
| <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> Sum1 | <input type="checkbox"/> Sum2 |
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| <input type="checkbox"/> Fall | <input type="checkbox"/> Spring | <input type="checkbox"/> Sum1 | <input type="checkbox"/> Sum2 |

Department	Course No.	Section	Hours
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.7/07 kbm
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STUDENT STATISTICAL INFORMATION

Address: _____
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 .

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