# McKendree University

Academic Year _____

Class Year: ☐ Fr ☐ So ☐ Jr ☐ Sr ☐ GR REGISTRATION FORM ☐ Fall ☐ Spring ☐ Summer

Student ID Number _____ Check One: ☐ Resident ☐ Commuter

Student Name _____
(Last) (First) (Middle) (Maiden Name)

☐ **Please check if Current Address has changed**

Current Residence _____
(Street) (City) (State) (ZIP)

Current Phone _____ Emergency/Work Phone _____

E-mail address (if you are on a waitlist, updates will be sent via e-mail, if available) _____

**Please answer Yes or No to ONLY ONE of the following two questions to determine residency:**

☐ Yes ☐ No If you are an emancipated (self-supporting) student…have you lived in Illinois in some capacity other than as a student at a postsecondary educational institution for a period of twelve (12) continuous months immediately prior to the Fall enrollment at McKendree?

☐ Yes ☐ No If you are a dependent student…do you or at least one parent, step-parent, or court-appointed guardian reside in Illinois?

Teaching Certification: ☐ Elementary ☐ Secondary ☐ Special ☐ None

| Term | Dept. | Course No. | Section No. | Course Title | Credit Hours | Grade, P/F, Au | Days | Time |
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**Total Credits:** ☐

Primary Advisor Signature _____

Secondary Advisor Signature* _____

Registrar's Office _____

* Students enrolled in the Honors Program or the Secondary Education Program must obtain the signature of the Honors Advisor or their Education Advisor, respectively.

**Withdrawal from a course or from the University must be done by written notification to the Registrar's Office.** Discontinuing classes without properly withdrawing results in an "F" in all courses for that term or session and liability for full payment of all fees and tuition. A specified period of time is designated after each registration during which students may drop classes with a refund. See the Academic Calendar for these dates as well as the last day of registration.

By signing this form I acknowledge that I am aware that the University has acted in reliance upon this agreement to register in the classes listed above. Because of the University's reliance upon students' registrations to set aside a place in these courses, I agree that upon signing this registration form I have become obligated to pay the University for the above course(s) in accordance with the University's usual schedule of fees and tuition. I understand that if my account becomes delinquent, I am obligated to reimburse the University for all interest charges, late payment fee, collection fee (which can exceed 50% of outstanding balance) and court costs resulting from my delinquency.

I understand the regulations stated above and am fully aware and accept my responsibilities. I also understand that if my account is not paid when due, the past due account will be reported to a credit bureau, and it may be necessary to check my credit history.

Student's Signature _____ Date _____