Office of the Registrar
Ochre Court Room 203
100 Ochre Point Avenue
Newport, RI 02840-4192
Tel: 401-341-2943 Fax: 401-341-2996

STAFF USE ONLY:
Data Entry Initials:_____
Date Accepted:_____

REGISTRATION FORM 2015-16 Fax to 401-341-2996

COMPLETE ALL INFORMATION. PRINT CLEARLY.

Academic Year: _____ **Semester:** ☐ **Fall** ☐ **Spring** ☐ **Summer I** ☐ **Summer II**

Student Name - PRINT CLEARLY: Last: _____ First: _____ MI: ___

Date of Birth: _____/_____/_____ (Month/Day/Year) **STUDENT ID**: _____

Matriculation Status: ☐ Non-matriculated ☐ Matriculated ☐ Program **(Major):**_____

Academic Level: ☐ Graduate ☐ Degree Completion ☐ Non-matriculating ☐ Undergraduate

E-Mail Address: _____

Local Address: Number & Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Telephone (Work): (_____) _____ Cell: (_____) _____ Telephone (Local): (___) _____

Permanent Address *(if different from above):*

Number & Street: _____ Apartment; _____

City: _____ State: _____ Zip Code: _____

Country: _____ Permanent Telephone: (_____) _____

Billing Address *(if different from above):*

Number & Street: _____ Apartment: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Billing Telephone: (_____) _____

COURSE SELECTION DATA

Course Code	Section	Campus Code	Subject	Credits	Audit?
In Calculating total credits, exclude audits……. **Total Credits:**					

CHECK IF APPLICABLE:

☐ Receive Veterans' Benefits

☐ Receive Financial Aid

☐ War College Student/Graduate

NOTICE: I accept responsibility for the accuracy of all information on this form. I agree to notify the Office of the Registrar promptly in writing of any withdrawal or other change that affects my enrollment status in any class this academic term. I understand that delinquent student account balances are subject to collection, and I am liable for any costs incurred in the process of such collection.

Student Signature:_____ **Date:**_____

Calculate Your 2015-16 Tuition & Fees

A. Tuition (600-level PHD/CAGS = number of credits x $800)
(500/600-level DNP = number of credits x $775.00)
(500-level/Masters; 600-level HLL/CAGS = number of credits x $490)
(Cont. Edu Undergrad= number of credits x $300)
(Undergraduate level-number of credits x $1206.00) $_____

B. Audit charges (number of credits x $200) $ _____

C. Registration fee ($50 each academic term) $ _____

D. Course/Lab Fees (see Class Schedule) $ _____

E. Other Fees: $ _____

TOTAL TUITION & FEES (Sum of lines A - E) $ _____

Payment of registration fee (line C) is due with Registration Form.

See reverse of this form for payment information. Send Registration Form along with payment and any associated forms to the Office of the Registrar at the above address. Send by mail or fax, or deliver in person. Delinquent balances are subject to collection, and students are liable for any costs incurred in the process of such collection.

NAME:_____ **DOB:**_____ **DATE:**_____

Payment options:
Payment options are accessible through Business Office page of the University website; www.salve.edu .
They can also be accessed directly at http://www.salve.edu/business-office/payment-options.

Please note, payment in full or a valid payment option must be completed within 1 business day of registration. Not completing this process will result in the course(s) being dropped from the student schedule.

Contact the Business Office at 401-341-2900 or businessoffice@salve.edu for further payment or billing information.

Statement of Student Responsibility

Before completion of registration at Salve Regina University, you must read and accept this agreement acknowledging that you understand and agree to the University's Terms and Conditions of Financial Responsibility.

1) I am obligated to pay Salve Regina University all tuition, room and board (if applicable), all associated fees and charges incurred with my specific courses or course of study.
2) All payments are due by the published due dates for the registered semester. All unpaid balances may be assessed a late fee, be reviewed for Administrative withdrawal, refused registration for future semesters, denied access to residence halls and meal plans, refused grades, transcripts and/or diploma, and disallowed participation in commencement ceremonies.
3) I am responsible for collecting and submitting all third party payments in a timely manner, including, but not limited to, military, scholarships and employee benefits to be credited to my account.
4) I am responsible for completing all Financial Aid paperwork by the announced deadlines. The Office of Financial Aid reserves the right to reduce, increase, or otherwise adjust financial aid for which it is responsible.
5) I understand that charges greater than six months delinquent will be placed with a third party collection agency and I will be liable for all additional fees and costs associated with the collection of the unpaid balance, including but not limited to collection agency fees, court costs and attorney fees. Collection costs will significantly increase the student's financial obligation.
6) My failure to attend classes does not constitute an official drop or withdrawal. Official paperwork must be completed and submitted to the appropriate office. Prorations will be subject to the Universities current published refund schedule. The date used to determine the refund, if applicable, is the date completed paperwork is received at the University.
7) I am responsible for maintaining all contact and information, including but not limited to billing information. If I have not received a statement by 8/15 for fall and 12/15 for spring, the student is responsible for accessing the statement through the online student portal or obtaining a statement from the Business Office.
8) I understand that by agreeing to this statement I have read and understand the policies and procedures set out in the Graduate and Undergraduate catalog and agree to abide by the same.
9) I understand that this agreement to these policies applies to this registration and all subsequent changes in my registration throughout the semester.

SIGNATURE (Required) _____ **DATE:** _____