



REGISTRATION FORM

Student ID # _____ Name _____

Last

First

Address _____

Street/PO Box

City

State

Zip code +4

Home phone _____ Work phone _____ Cell phone _____

E-mail _____ Emergency contact _____ Phone _____

Demographic information is required and only used for statistical reports: Sex: F M Date of Birth: ____ / ____ / ____

Ethnicity: Are you Hispanic/Latino Yes No Race: (you can choose one or more categories)

American Indian Asian Black or non-Hispanic Native Hawaiian or other Pacific Islander Other White

U.S. Citizen: Yes No if no, your country and U.S. Visa Status & No.: _____

Country

Visa Status/No.

Course ID	Section/Lab	Auditing	Course title	# Credits	Reason for Approval/Signature
Sample: COM441	01/L	✓	Mass Communication Law	3	course overload/pre-requisite waiver/late enrollment outside modality/international student etc.
Alternate Course Options * In the event that the above classes are full or cancelled, please list alternative choices*					
				Total	

By my signature, I acknowledge my responsibility for payment of the tuition and fees generated by this registration. I have read and understand the University policies with respect to payment, payment options, withdrawal and refunds as posted on the Registration Course and Exam schedules page of the website.

Refund schedule: refund dates are noted on the academic calendar at <http://ndm.edu/academic-calendar>. Refund and withdrawal policies can be found at <http://ndm.edu/business-office/tuition-fees>.

Financial Aid - Your award may be reduced if you receive financial aid and withdraw from classes.

I understand and accept the responsibility these changes will have on achieving my educational goals.

Academic Advisor's signature/Date

Student's signature/Date

Log into WebAdvisor to make payment.

processed by/ date