

CEDAR CREST COLLEGE COURSE REGISTRATION

- Honors Student
- Graduate
- Senior
- Junior
- Sophomore
- Freshman
- Act 48 Credit

*Please check semester for which you wish to register: Fall Winter Spring May Summer I Summer II

Name: _____ I.D. # _____

Permanent Address: _____

Telephone: () _____ Alternate () _____

Student Type: CCC Traditional SAGE Visiting from: _____

Dept	Course #	Sec #	Type #	Time/Day	Course Title	Credit(s)	R-Repeat P/F-Pass/Fail (form required)	A-Audit (0 credit)	
Alternative Courses						Total Credits:			

I agree to pay the total tuition and fees for the above courses to Cedar Crest College by the semester due date or as agreed upon in writing with the Student Accounts Office. I am responsible for any tuition/fees incurred.

Student Signature _____ Date _____

Advisor Signature(s) _____ Date _____

*Registrar/Director of Academic Services: _____ Date _____

*Required if registering for more than 18 credits

Cedar Crest College, 100 College Drive, Allentown, PA 18104