

Registration Instructions

Last Updated 09/16/2010

In order to complete this form, you need to have all your class information. You will find this information by accessing the term schedule (Fall, Winter or Summer) that is found on your program's Web site. You can locate the schedule by clicking on the registration link. Please go to the Fischler School of Education and Human Services (FSEHS) Web site at <http://www.schoolofed.nova.edu> for additional information.

ALL STUDENTS MUST COMPLETE THE FOLLOWING SECTIONS ON THE REGISTRATION FORM

Section A-1:

Complete name, address, and NSU ID. The e-mail address should be that of your NSU E-MAIL Account (**example: your_username@nova.edu**).

Section A-2:

Check "Other" under "Course Location," and list the name for the location. Unless you are returning after being withdrawn for four or more terms, check "Continuing Student."

Section B:

Completed only by new students.

Section C:

Term Code: **YEAR20 Fall Term** (August to December)

Term Code: **YEAR30 Winter Term** (January to April)

Term Code: **YEAR50 Summer Term** (May to August)

*Banner Course Ref. No (CRN): **53314**

*Subject: **EDL**

*Course No.: **8301**

Section: **Enter section according to schedule information.**

*Course Title: **Issues in Special Education Administration**

Day(s): **Leave Blank**

Start Date/End Date: **Term dates.**

Credit Hours: **Please see your program outline to find this information**

Drop/Add Section: **Check the drop or add box according.**

***Course used as sample in order to clarify information**

Registration Instructions

Last Updated 09/16/2010

*Section C Example:

See the **Course Selection** section for correct course information. Sign and date the statement below the listing of courses and indicate the total number of credits for which you are registering on this form.

Section D:

Indicate your method of payment. Checks must be made payable to Nova Southeastern University. Please include your NSU ID on the **memo of the check**.

Section E:

If you are paying by credit card, fill in this section and sign in the area for signature.

Section F/G:

Do not write anything in these sections.

If you need assistance with this form, please contact **FSEHS** at 1-800-986-3223, ext. 28500.

PLEASE REGISTER EARLY!

PLEASE FAX REGISTRATION TO 954-262-2336 ATTENTION: CUSTOMER SERVICE SUPPORT



3301 College Avenue
Fort Lauderdale, FL 33314-7796

STUDENT TRANSACTION FORM

TO BE USED FOR COURSE REGISTRATION, DROP/ADD,
PARTIAL WITHDRAWAL, OR COMPLETE WITHDRAWAL

STF



PLEASE CHECK

- REGISTRATION
 DROP/ADD
 PARTIAL WITHDRAWAL
 COMPLETE WITHDRAWAL

A1	CIRCLE INFORMATION THAT HAS CHANGED SINCE YOUR LAST REGISTRATION	NSU ID	N						EMAIL ADDRESS
LAST NAME			FIRST		MIDDLE			HOME PHONE ()	
PRESENT LEGAL / HOME STREET ADDRESS			CITY		STATE		ZIP CODE		COUNTY
PRESENT LOCAL STREET ADDRESS			CITY		STATE		ZIP CODE		LOCAL/DORM PHONE ()
EMPLOYER NAME / SCHOOL NAME			LAST NAME		FIRST			MIDDLE	RELATIONSHIP
PHONE AT WORK			STREET ADDRESS		CITY			STATE	ZIP CODE
								HOME PHONE	COUNTY

ACADEMICS	CHECK ONE IN EACH CATEGORY
CENTER	COURSE LOCATION: <input type="checkbox"/> MAIN CAMPUS (Location) <input type="checkbox"/> NEW STUDENT (FIRST TIME AT NSU) <input type="checkbox"/> CONTINUING STUDENT <input type="checkbox"/> RETURNING AFTER ABSENCE OF ONE YEAR
PROGRAM 1	
PROGRAM 2	
STUDENT STATUS: A2	
V.A. BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO FOREIGN STUDENT VISA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU ANTICIPATE GRADUATING AT THE END OF THIS TERM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, YOU MUST FILE AN APPLICATION FOR DEGREE.	
CHECK ONE	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DATE OF BIRTH	
MO	DAY
YEAR	

C	TERM CODE	BANNER COURSE REF. NO.	SUBJECT	COURSE NO.	SECTION	COURSE TITLE	DAY(S)	START DATE/END DATE	CR. HRS.	FOR DROP/ADD & WITHDRAWAL DROP	ADD	APPROVAL INITIAL	REG. CODE

STUDENT: PLEASE READ CAREFULLY	I HEREBY AGREE TO PAY WHEN DUE ALL SUMS ASSESSED BY NOVA SOUTHEASTERN UNIVERSITY FOR TUITION, HOUSING, AND FEES. IF COLLECTION IS REQUIRED, I AGREE TO PAY REASONABLE COLLECTION FEES AND/OR ATTORNEY'S FEES. I AUTHORIZE THAT MONIES RECEIVED WITH THIS REGISTRATION BE FIRST APPLIED TO ANY PRIOR DELINQUENT BALANCE.	X	STUDENT'S SIGNATURE	DATE	X	ADVISER'S SIGNATURE	DATE
---------------------------------------	---	---	---------------------	------	---	---------------------	------

D ALL TUITION AND FEES ARE DUE AT TIME OF REGISTRATION. PLEASE INDICATE METHOD(S) OF PAYMENT:

CASH
 CHECK OR MONEY ORDER (With your NSU ID No.)
 FINANCIAL AID/LOAN
 CREDIT CARD (SEE E)

STUDENT: AFTER THE ABOVE TRANSACTION, HOW MANY CREDITS THIS TERM?

E I hereby authorize a charge to be made to my credit card:

COLLEGE CARD
 VISA
 MASTERCARD
 AMERICAN EXPRESS

AMOUNT:

ACCOUNT NUMBER:

EXP. DATE:

STUDENT SIGNATURE: _____ DATE: _____

REFUND POLICY	CHARGES	DETAIL CODE	AMOUNT
STUDENTS HAVE THREE WORKING DAYS FROM THE DATE OF SIGNING AN ENROLLMENT CONTRACT OR FINANCIAL AGREEMENT WITH THE UNIVERSITY TO CANCEL THE CONTRACT AND RECEIVE A FULL REFUND OF ANY TUITION AND REGISTRATION FEES PAID. FURTHER, A STUDENT SHALL RECEIVE A FULL REFUND OF TUITION AND REGISTRATION FEES PAID BY THE STUDENT PRIOR TO THE COMMENCEMENT OF INSTRUCTION IF THE STUDENT SUBMITS A WRITTEN REQUEST TO THE INSTITUTION WITHIN THREE WORKING DAYS OF THE PAYMENT. REFUND SCHEDULES FOR TUITION AND FEES AFTER THE COMMENCEMENT OF INSTRUCTION MAY BE FOUND IN THE APPROPRIATE CENTER OR PROGRAM CATALOG.	TUITION		
	REGISTRATION		
	LATE REGISTRATION	2007	
	SERVICE CHARGE	2130	
	APPLICATION		
	STUDENT ACTIVITY		
	STUDENT SERVICE		
	PRIOR BALANCE DUE		
	TOTAL		

PAYMENTS	DETAIL CODE	AMOUNT
STAFF WAIVER		
PRIOR CREDIT BAL.		
CASH ONLY		
MONEY ORDER, CHECK		
CREDIT CARD		
OTHER		
TOTAL		

G REFUND INFORMATION

ASSESSMENT \$ _____

NO FINANCIAL ASSESSMENT

REVERSE _____ %

OF \$ _____ \$

AUTHORIZED SIGNATURE _____

DATE _____

NO FINANCIAL ADJUSTMENT REFUND CREDIT ACCOUNT

H FOR UNIVERSITY USE ONLY

COHORT CODE

--	--	--	--	--	--	--	--	--	--

TUITION ASSESSMENT _____ DATE _____

REGISTRATION ENTERED _____ DATE _____

ACCOUNTS RECEIVABLE _____ DATE _____