



Sacred Heart University

Add/Drop Form

Mail/Fax to: **Sacred Heart University-Griswold**
 P.O. Box 399
 Griswold, CT 06351
 Phone: (860) 376-8408
FAX: (860) 376-1798

Social Security Number

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| X | X | X | - | X | X | - | | | | |
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Fall 20__ Winter 20__ Spring 20__ Late Spring 20__
 Summer 1 20__ Summer 2 20__

STUDENT ID NUMBER

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First Name _____ M.I. _____

Last Name _____

Street Address _____

City _____

State _____

Zip _____

Telephone _____

Previous Name (if changed since last reg) _____

COURSES ADDED

| COURSE SUBJECT & NUMBER | SECTION GW or GG | CREDITS | FULL TITLE OF COURSE | M | T | W | T | F | S |
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COURSES DROPPED

| COURSE SUBJECT & NUMBER | SECTION GW or GG | CREDITS | FULL TITLE OF COURSE | M | T | W | T | F | S |
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Registration Agreement: I accept this program with full responsibility for the courses selected and will pay the tuition and fees (including late charges and collection fees, if applicable) associated with these courses. I also accept financial responsibility for and agree to pay all parking fines incurred at Sacred Heart University. I am aware that there are no refunds of tuition and fees for temporary absences from class. I am also aware that there is no refund if I am suspended or dismissed from the University. The registration fee is not refundable.

SIGNATURE: _____

DATE: _____