



Sacred Heart University

Graduate Student Registration Form

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

Please Select a Term

<input type="checkbox"/> Fall 20__	<input type="checkbox"/> Late Spring 20__
<input type="checkbox"/> Winter 20__	<input type="checkbox"/> Summer I 20__
<input type="checkbox"/> Spring 20__	<input type="checkbox"/> Summer 2 20__

Complete both sides of this form

STUDENT ID NUMBER

Social Security Number

Last Name

First Name

M.I.

COURSE SUBJECT & NUMBER	SECTION GW or GG	CREDITS	FULL TITLE OF COURSE

_____	_____	<u>Dr. Karen Christensen, Graduate Education-Griswold</u>
Advisor's Signature	Date	Print Advisor's Name and Department Here

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. If withdrawal becomes necessary, I must report in person to the SHU/Griswold Office and complete an official withdrawal form. The registration fee is not refundable.

SIGNATURE: _____

DATE: _____

Email: _____	Phone: (h) _____	(c) _____
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PAYMENT OPTIONS

Check One Payment Option:

- _____ Griswold Intern (Registration Fees paid by Check/M.O. # _____)
- _____ Full payment by Check or Money Order # _____ Enclosed

- _____ Financial Aid (Stafford Loans, etc.)
- _____ Bill Me

} **Signature required on Promissory Note - Reverse Side**

If you have the following tuition benefits, you must attach the appropriate signed form (check below):

- _____ Religious (Diocese) Discount
- _____ Griswold Resident Discount

To enroll or get additional information on Monthly Payment Plan or Payments On-Line - go to the Student Accounts Website at www.sacredheart.edu/pages/1095_student_accounts.cfm or contact the Student Accounts Office at 203-371-7925.

Promissory Note

For value received, the undersigned jointly and severally promises to pay to the order of Sacred Heart University the total of all tuition and fees as stated in the conditions of the registration agreement and, if applicable, housing charges, meal plan charges, and payment plan fees, hereafter called the principal. If payment is received later than the due date, a finance charge will be assessed at the rate of .75% per month, annual rate of 9%, on the principal of the account.

Nonpayment of the account is a breach of this agreement and may result in referral to a collection agency or attorney. Referral to a collection agency may affect your credit rating. Should this note be placed in the hands of a collection agency or an attorney for collection, the maker of this note promises to pay as the holder's attorney's fees an amount equal to 15% of the principal amount, but no less than \$50. In addition, the University will not release grades, transcripts or diploma or allow a student to register for a subsequent term with a delinquent balance.

Financial assistance and student loans are methods of payment. Should any financial assistance awards or loan amounts change, the resulting balances are the signer's responsibility.

I hereby agree to remit payment according to the payment option I have elected. I have read and understand the terms and conditions as stated in this promissory note.

SIGNATURE:

DATE:
