

# UNIVERSITY OF HARTFORD

## REGISTRATION/ADD/DROP FORM

**Term and Year**

20\_\_\_\_\_

\_\_\_ Fall \_\_\_ Spring  
\_\_\_ Summer \_\_\_ Winter

Student ID#	Last Name (Please Print)	First (Please Print)	Middle or Maiden	Date of Birth												
<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> <td style="width:5%;"> </td> </tr> </table>														MM	DD	YYYY

Within Which U. of H. College Are You Primarily Matriculated?	HAS 01	A&S 02	BSB 03	HLYR 04	ENHP 05	CETA 06	Hartt 07	Univ. Studies 11	Non-Matric 00	Consortium 30	UHSSE HS	Have you ever registered with a different name? If Yes? _____
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Permanent Address	Street	City	State	Zip	Email Address
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Local Address	Street	City	State	Zip	Phone Number
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Citizenship ___ U.S. Citizen ___ Eligible Non-Citizen	Ethnicity ___ Hispanic or Latino ___ Not Hispanic or Latino	Race: ___ American Indian/Alaskan Native ___ Asian ___ White ___ Native Hawaiian or Other Pacific Islander ___ Black/African American	Are you applying for veterans benefits? ___ Yes ___ No
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### ADD

### Override Reasons (if applicable)

### DROP

Course Reference Number (CRN)	Course Information			Grade Option		Override Signature (under appropriate reason)				Date Signed	Course Reference Number (CRN)	Course Information			Grade Option	
	Subject Code	Number	Credit Hours	Pass/No Pass	Audit	Late Registration (After 1st wk of classes) (Instructor)	Closed/Time Conflict (Instructor)	Prerequisite (Instructor or Dept)	Requires Authorization (Department)			Subject Code	Number	Credit Hours	Pass/No Pass	Audit
Ex. 12345	ABC	123	3	x												

Reason: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Credit Hour Load After Change
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**WITHDRAWAL**  
 Registration fee is non-refundable. Tuition and fee credit for withdrawal is governed by university policy as published in the current edition of the University catalog.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ Dean or Designee Signature (after 2nd wk of classes) \_\_\_\_\_ Date \_\_\_\_\_

BURSAR USE ONLY

Terms of Payment for all Charges and Fees:  
 (1) Full-time student—in full prior to term, in accordance to due date.  
 (2) Part-time student—1/2 tuition plus fees prior to term, balance following month.

If payment is not made as set forth here and in accordance with the University's published policy, the student may be denied grades, transcripts, diplomas and the opportunity to register for subsequent classes. A late payment penalty of 1.5% of the unpaid balance will be assessed each month until paid in full. If the University considers it necessary to engage the services of a collection agency or attorney to obtain payment, then the signer herein agrees to pay an additional collection fee of 15% of the principal balance plus any attorney fees, reasonable expenses, and other costs incurred, to the maximum extent allowed under Connecticut law.