UNIVERSITY OF THE SCIENCES IN PHILADELPHIA

REGISTRAR'S OFFICE
COURSE REGISTRATION REQUEST

	YEAR
❑ Fall	_____
❑ Spring	_____
❑ Summer #1	_____
❑ Summer #2	_____
❑ Summer A	_____
❑ Other	_____

USP ID #: _____

Student's Full Name: _____
(Last) (First) (Initial)

If you have a change of Name, Address or Telephone Number, please complete a Change of Student Information Form available in the Registrar's Office or online at: www.usp.edu/registrar

Major: _____ CLASS LEVEL: 1 2 3 4 5 6 GRAD NON-MATRIC
(Circle One)

SUBJECT	COURSE NUMBER	SECT	COURSE NAME	CREDITS	APPROVAL SIGNATURES IF REQUIRED	REASON FOR SIGNATURE
			TOTAL CREDITS:			

ALTERNATE COURSES

I have received a copy of the USP Tuition Re-payment Policy and agree to comply with all terms thereof.

X _____ _____

Student Signature (required) Date Advisor Signature (required for 1st & 2nd year only) Date

This registration is subject to final approval of the College Deans. Enrollment in courses is subject to having met all prerequisites described in the University Catalog. Failure to meet said regulations shall result in being removed from the course immediately and the course being removed from the official record. There will be no refund of charges or fees.

POLICY STATEMENT: Students are not permitted to register for more than 20 credit hours per semester without written permission from the College Dean in which the student is pursuing a degree. If granted, the student will be assessed a fee for each credit in excess of 20 credit hours per semester. This fee will be equal to the prevailing per credit tuition rate.

COLLEGE DEAN SIGNATURE _____ DATE _____

REGISTRAR'S COPY - WHITE STUDENT'S COPY - YELLOW ADVISOR'S COPY - PINK