



UNIVERSITY OF
ST. FRANCIS

REGISTRATION FORM FOR ONLINE COURSES

PLEASE PRINT

Social Security Number _____

Name _____
last first

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____

Term: Fall _____ Spring _____ Summer _____

Are you Graduating this semester? _____

Program (please check one):

Undergraduate:	Graduate:
Health Arts _____	MBA _____
Professional Arts _____	MSM _____
Nursing _____	CETM _____
	CETT _____
	HSA _____
	HSA to MBA _____
	MSN _____

Do the address and phone numbers to the left reflect any change?

- Name* Address
 Home Phone Work Phone

*Name change requires submission of copies of the legal documents changing the name (i.e. marriage license, divorce decree, etc.) and one picture form of ID reflecting the name change.

CRN #	Department	Course #	Section	Course Title

PLEASE NOTE: Your priority registration for online courses will NOT be processed until your non-refundable course technology fee has been paid (\$125 fee for each 4-hour course, \$100 fee for each 3-hour course, and \$70 fee for each 2-hour course). Deadline date for priority registration is Friday, June 29th. Please indicate how you wish this fee to be paid:

My check is enclosed _____ Check # _____ My credit card number is: _____ Expiration Date: _____

Signature _____ Total Semester hours registered _____ Date _____

If paying by check please mail registration form and check to: Registrar's Office, University of St. Francis, 500 Wilcox St., Joliet, IL 60435. If paying by credit card either mail or FAX your form to 815-740-5084. If you have any questions please call the Registrar's Office at 1-800-736-6300.