



Office of the Registrar
 Ochre Court, Room 203
 100 Ochre Point Avenue
 Newport, RI 02840-4192
 Tel: 401-341-2943 * Fax: 401-341-2996
 sruregistrar@salve.edu

OFFICE USE ONLY
Date Recorded: _____
Recorder Initials: _____

REGISTRATION

Student Name: _____
Date of Birth (MM/DD/YYYY): _____ Student ID: _____
Academic Level: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Non-matriculating Academic Year: _____
Semester: <input type="checkbox"/> Fall Semester (15 wk) <input type="checkbox"/> Fall Session I (7 wk) <input type="checkbox"/> Fall Session II (7 wk)
<input type="checkbox"/> Spring Semester (15 wk) <input type="checkbox"/> Spring Session I (7 wk) <input type="checkbox"/> Spring Session II (7 wk)
<input type="checkbox"/> Summer Semester (15 wk) <input type="checkbox"/> Summer Semester (10 wk)
<input type="checkbox"/> Summer Session I (7 wk) <input type="checkbox"/> Summer Session II (7 wk)
Email Address: _____
Home: Street Address: _____
City: _____ State: _____ Zip Code: _____
Telephone (Work): _____ Cell: _____ Local: _____
Mailing (if different from above): Street Address: _____
City: _____ State: _____ Zip Code: _____
Country: _____ Permanent Telephone: _____
Billing (if different from above): Name (Organization or Company): _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Country: _____ Billing Telephone: _____

COURSE SELECTION

SEMESTER (ex. Fall 2019)	COURSE CODE (ex. ART 101)	SECTION (ex. 01)	TITLE (ex. Art in Society)	CREDITS (ex. 3)
TOTAL CREDITS:				

TUITION AND FEES

Tuition and Fees are available online at www.salve.edu/business-office
 See reverse of this form for payment information. Send Registration Form along with payment and any associated forms to the Office of the Registrar at the above address. Delinquent balances are subject to collection, and students are liable for any costs incurred in the process of such collection.

NOTICE

I accept responsibility for the accuracy of all information on this form. I agree to notify the Office of the Registrar promptly in writing of any withdrawal or other change that affects my enrollment status in any class this academic term. I understand that delinquent student account balances are subject to collection, and I am liable for any costs incurred in the process of such collection.

Student Signature: _____ **Date:** _____

NAME: _____ DOB: _____ DATE: _____

PAYMENT OPTIONS

Payment options are accessible through Business Office page of the University website; www.salve.edu.

They can also be accessed directly at <http://www.salve.edu/business-office/payment-options>.

Please note, payment in full or a valid payment option must be completed within 1 business day of registration. Not completing this process will result in the course(s) being dropped from the student schedule.

Contact the Business Office at 401-341-2900 or businessoffice@salve.edu for further payment or billing information.

STATEMENT OF STUDENT RESPONSIBILITY

Before completion of registration at Salve Regina University, you must read and accept this agreement acknowledging that you understand and agree to the University's Terms and Conditions of Financial Responsibility.

- 1) I am obligated to pay Salve Regina University all tuition, room and board (if applicable), all associated fees and charges incurred with my specific courses or course of study.
- 2) All payments are due by the published due dates for the registered semester. All unpaid balances may be assessed a late fee, be reviewed for Administrative withdrawal, refused registration for future semesters, denied access to residence halls and meal plans, refused grades, transcripts and/or diploma, and disallowed participation in commencement ceremonies.
- 3) I am responsible for collecting and submitting all third party payments in a timely manner, including, but not limited to, military, scholarships and employee benefits to be credited to my account.
- 4) I am responsible for completing all Financial Aid paperwork by the announced deadlines. The Office of Financial Aid reserves the right to reduce, increase, or otherwise adjust financial aid for which it is responsible.
- 5) I understand that charges greater than six months delinquent will be placed with a third party collection agency and I will be liable for all additional fees and costs associated with the collection of the unpaid balance, including but not limited to collection agency fees, court costs and attorney fees. Collection costs will significantly increase the student's financial obligation. Collection agencies may report the delinquent account to one or more national credit bureaus.
- 6) My failure to attend classes does not constitute an official drop or withdrawal. Official paperwork must be completed and submitted to the appropriate office. Prorations will be subject to the University's current published refund schedule. The date used to determine the refund, if applicable, is the date completed paperwork is received at the University. Collection agencies may report the delinquent account to one or more national credit bureaus.
- 7) I am responsible for maintaining all contact and information, including but not limited to billing information. If I have not received a statement by 8/15 for fall and 12/15 for spring, the student is responsible for accessing the statement through the online student portal or obtaining a statement from the Business Office.
- 8) I understand that by agreeing to this statement I have read and understand the policies and procedures set out in the Graduate and Undergraduate catalog and agree to abide by the same.
- 9) I understand that this agreement to these policies applies to this registration and all subsequent changes in my registration throughout the semester.
- 10) I understand and agree that Salve Regina uses email as an official method of communication and therefore I am responsible for reading the emails I receive on a timely basis.
- 11) I authorize Salve Regina and it's agents and contractors to contact me at my current and future cellular phone numbers, email address(es) or wireless device regarding my student account or debt owed to the university.
- 12) I authorize Salve Regina and its agents and contractors to use automated telephone dialing equipment, artificial or pre-recorded voice or text messages, and personal calls and emails, in their effort to contact me. I understand that I may withdraw my consent to call my cellular phone using automated dialing by submitting the request in writing to the university or the applicable agent or contractor.

SIGNATURE (Required): _____ DATE: _____