



REGISTRATION FORM

Office of the Registrar
 800 Country Club Road, P.O. Box 2540
 Waterbury, Connecticut 06723-2540
 Phone: 203-596-4619 or 4615 Fax: 203-596-4699
 Email: advising@post.edu Website: www.post.edu
 Admissions Office: 800-345-2562 203-596-4555
 Financial Aid Office: 800-345-2562 203-596-4527

ID Number: _____ **Date of Birth (MO/DAY/YR):** ____ / ____ / ____ **Term:**
 Fall Spring Summer Year _____

 LAST NAME FIRST NAME MIDDLE NAME

 STREET ADDRESS E-MAIL ADDRESS

 CITY STATE ZIP CODE AREA CODE + CELL NUMBER

Have you previously attended Post University? Yes No
 Do you expect to graduate at the end of this semester? Yes No
 Have you previously attended another college? Yes No
 Are you receiving V.A. benefits? No Yes Veteran's file number _____

CITIZENSHIP (please check one box below):
 U.S. Citizen
 Permanent Resident/Resident Alien Alien # _____ Country of Birth _____
 Non-Resident Alien Country of Citizenship _____ Country of Birth _____
 If already in the U.S., please give: Date of Entry ____ / ____ / ____ Visa Type _____ Visa Exp. ____ / ____

OPTIONAL: Race and Ethnicity (Compiled at the request of the Department of Health, Education, and Welfare)
 Choose one: American Indian or Alaskan Native Asian American or Pacific Islander
 Black, Non-Hispanic Hispanic
 White, Non-Hispanic I do not care to respond

Gender:
 Male Female
Housing Status:
 Resident Commuter
Year:
 Freshmen (0-29 credits)
 Sophomore (30-59)
 Junior (60-89)
 Senior (90 or more)
Status:
 Matriculated
 Non-Degree
Candidate for:
 Associate's Degree
 Bachelor's Degree
 Certificate
 Master's Degree
Major: _____
Minor: _____

COURSE ID	TITLE	CREDITS	DAY(S)	TIME	INSTRUCTOR

REGISTRATION AGREEMENT: I accept full responsibility for all courses selected. I know that any changes must be authorized by the Office of the Registrar. If withdrawal from a course becomes necessary, I will immediately notify the OSIR. I agree to obey the letter and spirit of all University regulations while attending Post University. I agree that I am personally responsible for any unpaid balance, including all interest and collection costs. I agree to notify the OSIR of address changes.

Student's signature _____ Date ____ / ____ / ____
 Advisor's signature _____ Date ____ / ____ / ____