

# OFFICE OF STUDENT ASSISTANCE

## REGISTRATION ACTION FORM



STUDENT ID NUMBER \_\_\_\_\_ LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_  
 If this is a new address/phone #, please indicate what you would like to be updated on your record  Address  Telephone

STREET ADDRESS/P.O. BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DAY TELEPHONE NUMBER \_\_\_\_\_ EVENING TELEPHONE NUMBER \_\_\_\_\_ MOBILE/CELL NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**\*IF YOU HAVE FILED FOR GRADUATION, PLEASE NOTIFY THE DEGREE AUDIT OFFICE OF THESE CHANGES\***

HOME CAMPUS: New York (1) DIVISION: Undergraduate (01) Doctoral (05) SEMESTER: SPRING (2) SUMMER 1 (4) YEAR : \_\_\_\_\_  
 Pleasantville (2) Graduate (02) Law – LLM (06) FALL (7) SUMMER 2 (5)  
 White Plains (3) Law (03) Law –SJD (09) OTHER

PLEASE COMPLETE: IF YOU ARE MAKING A CHANGE TO YOUR ORIGINAL REGISTRATION, PLEASE STATE THE REASON FOR CHANGE:  
 (Changes to your credit load may have an impact on Financial Aid, Health Insurance, etc.)

### SECTION A – COURSE(S) TO DROP

### SECTION B – COURSE(S) TO REGISTER / ADD

REG CODE	SUBJECT	COURSE NO.	COURSE REFERENCE NO.	CR.
	A C C	1 0 3	1 0 6 0 3	3
TOTAL CREDITS:				

REG CODE	SUBJECT	COURSE NO.	COURSE REFERENCE NO.	CR.
	A C C	1 0 4	1 0 6 0 8	3
TOTAL CREDITS:				

I agree to be governed by the conditions that are prescribed in the current Pace University catalog (which I have had the opportunity to read) with respect to the registration of students, scholarship, attendance, payment or abatement of fees, and other policies relevant to Pace University students. To the best of my knowledge, I have answered all foregoing questions truthfully and accurately.

STUDENTS'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

#### OFFICE USE ONLY

- CHECK FOR HOLDS
- ORIGINAL REGISTRATION
- UPDATE TSASPAY (IF PAYMENT MADE )

OSA SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## PERMISSION TO REGISTER FOR EXCEPTIONS

Graduate students please refer to your school catalog for academic policy regarding exceptions.

If you are requesting permission to register for exceptions (see list below), this form must be completed, along with the reverse side, and submitted to the appropriate dean, chairperson, or advisor for approval. Once written approval has been granted, you are required to register in person with this form after your registration appointment time at the O.S.A. office at your home campus. Additional forms are available at OSA office.

Name: \_\_\_\_\_ U#: \_\_\_\_\_

Degree/Major: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

◆ **CLOSED CLASS** \* If you are currently registered for a different section of the closed class, please indicate.

COURSE REFERENCE NO.	SUBJECT	COURSE NO.	*CURRENTLY REGISTERED C.R.N.	ACADEMIC APPROVAL/DATE

◆ **OUT OF MAJOR COURSE**

COURSE REFERENCE NO.	SUBJECT	COURSE NO.	*CURRENTLY REGISTERED C.R.N.	ACADEMIC APPROVAL/DATE

◆ **OUT OF DIVISION COURSE**

COURSE REFERENCE NO.	SUBJECT	COURSE NO.	*CURRENTLY REGISTERED C.R.N.	ACADEMIC APPROVAL/DATE

◆ **EXCEEDS MAXIMUM CREDIT HOURS**

TOTAL CREDITS APPROVED FOR CURRENT SEMESTER	ACADEMIC APPROVAL /DATE

◆ **SOPHOMORE, JUNIOR OR SENIOR STANDING REQUIRED**

COURSE REFERENCE NO.	SUBJECT	COURSE NO.	*CURRENTLY REGISTERED C.R.N.	ACADEMIC APPROVAL/DATE

◆ **TIME CONFLICT (Please include both courses that are conflicting)**

COURSE REFERENCE NO.	SUBJECT	COURSE NO.	*CURRENTLY REGISTERED C.R.N.	INSTRUCTOR APPROVAL/ DATE	CHAIR APPROVAL / DATE

◆ **UNSCHEDULED COURSE (Tutorial)**

COURSE REFERENCE NO.	SUBJECT	COURSE NO.	*CURRENTLY REGISTERED C.R.N.	DEAN APPROVAL/ DATE	CHAIR APPROVAL/ DATE

◆ **INSTRUCTOR OR CHAIRPERSON SIGNATURE REQUIRED (ex. Internships, travel, etc.)**

COURSE REFERENCE NO.	SUBJECT	COURSE NO.	*CURRENTLY REGISTERED C.R.N.	INSTRUCTOR APPROVAL/ DATE	CHAIR APPROVAL / DATE