



OFFICE OF STUDENT ASSISTANCE

REGISTRATION ACTION FORM

PLEASE RETURN TO THE OFFICE OF STUDENT ASSISTANCE (OSA). ANY QUESTIONS CALL 1 (877) 672-1830.

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 CODE _____

DAY TELEPHONE NUMBER _____ EVENING TELEPHONE NUMBER _____ MOBILE/CELL NUMBER _____ E-MAIL ADDRESS _____

HOME LEVEL: Undergraduate (01) Doctoral (05)
 Westchester (2) Graduate (02) Law – LLM (06)
 White Plains (3) Law (03) Law – SJD (09)

CAMPUS: New York (1) SPRING (2) SUMMER 1 (4)
 Westchester (2) Graduate (02) FALL (7) SUMMER 2 (5)
 White Plains (3) Law (03) OTHER _____ YEAR: _____

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.) All approval signatures **MUST** be entered on second page.

SECTION A – COURSE(S) TO DROP / WITHDRAW

REG CODE	SUBJECT	COURSE NO.	COURSE REFERENCE NO.	CR.
	ACC	103	10603	3
TOTAL CREDITS:				

SECTION B – COURSE(S) TO REGISTER / ADD

REG CODE	SUBJECT	COURSE NO.	COURSE REFERENCE NO.	CR.
	ACC	104	10608	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.

STUDENT'S SIGNATURE _____ DATE _____ OSA SIGNATURE _____ DATE _____

REGISTRATION ACTION FORM - PERMISSION TO REGISTER FOR EXCEPTIONS

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U#: _____ Name: _____
 Degree/Major: _____ Expected Graduation Date: _____

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

◆ 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