

Previous Term/Level/Result:	
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											Date	e:	Term	:	
							REC	SISTRATION	FORM	 Returning Stu 	idents				
STUDE	NT	NFC	RMAT	ION											
Name	:	First			Mid	Idlo		Loot				CHI II			
			irst Middle Last							SHU ID					
SHU E-mail:										Cell Phone: ()					
CURR	EN	T BL	OCK	S: □	Stuc	dent A	ccounts \$	S □	Medic	al	□ O	ther			
NOTES	CHA	ANGI	FS TO	THE E	OLLO	WING:									
					OLLO	· · · · · · · · · · · · · · · · · · ·				☐ Sponsorship					
<u> </u>															
□ Permanent Address □ Identification															
□ VIS	SA									☐ Proof of Health Ir	surance				
□ Pa	sspo	ort								□ I-20					
ADVISING CATALOG NUMBER SECTION COURSE										DAYS	DIRECTOR:		CLASSROOM		
		L	1	3	4	L		Listening & Speaking		Monday & Wednesday		9:00 am-11:30 am		OLAGGITOOIVI	
E	s	L	1	6	5	R		Reading	- CANTAINS	Monday & Wednesday		12:30 pm-3:00 pm			
E	S	L	1	4	5	G F Gran				Tuesday & Thursday		9:00 am-11:30 am			
E	S	L	1	0	4		WF Writing				Tuesday & Thursday		12:30 pm-3:00 pm		
E	S	L	1	6	6	TPN		TOEFL Prep		Monday & Wednesday		7:15 pm-9:15 pm			
Е	S					Communication	ons	Tuesday & Th	7:15 pm-9:15 pm						
PAYME	NT				l										
Date				Ite			Amount \$ Paid			M/CK/CR/FW+# Allocated		P&L	SACM		
			Outsta	nding	Tuit	ion							FG Received:		
		C	Outsta	nding	PF								SACM A	dvisor:	
		Т	uition	<u> </u>											
			rogra		<u> </u>								SACM II	nvoice #:	
		C	Other												
		C	ther												
					c	.11				Γ AGREEMENT		-1.6 " :			
										ted and will pay tl also accept finan					
										need to change or o refunds of tuitio					
										ssed from the Uni					
								e. If withdraw form in the t		mes necessary, I	must report	it in person	to the En	glish Language	
											Date:				
Regis	tere	ed b	y:						_ Date	e:					
□ Ch	ang	ge o	f Lev	el Co	mple	eted		Same Books	S	☐ Books Rece	eived 🗆	MM Doc			