DREW UNIVERSITY  
CASPERSEN SCHOOL OF GRADUATE STUDIES  
ARTS AND LETTERS/MEDICAL HUMANITIES  
REGISTRATION FORM

___FALL ___ SPRING ___SUMMER ___YEAR__________

Last Name  First   Middle  Drew I.D.  #

NOTE: Instructor’s signature is necessary for tutorials, seminar, or courses with an “SR” next to “Schedule Codes.” Signature must be full name and LEGIBLE. Use a ballpoint pen.

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<th>Section No.</th>
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Total Credits ______

By signing this registration form, I am confirming that I have access to and am aware of the tuition and fees associated with this registration and that I have access to and have read the information regarding registration, payment of fees, refund policy and default of payment. I further understand and agree that I am responsible for the payment of all fees, default obligations, procedures and printed deadlines.

Student’s Signature__________________________________

The Registration fax number is 973-408-3044.

If you will be paying your tuition by check you may include your payment with your registration. Make your check payable to “Drew University”. Students desiring to pay by credit card should contact the Business office at business@drew.edu or 973-408-3114.

PLEASE DO NOT WRITE YOUR CREDIT CARD NUMBER ON THIS FORM.

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CHANGE OF ADDRESS

Please make sure we have your most current address on file.

New address and telephone number effective date: ____________

street

city __________________ state ________ zip code ________

telephone number (_______)

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Office Use: Processed by _____________ Date _____________

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