



ST. THOMAS AQUINAS COLLEGE

125 Route 340, Sparkill New York 10976-1050 • 845-398-4300

Office of the Registrar

TEACHER EDUCATION MAJORS (7-12 Certification)

PLEASE PRINT

Undergraduate Registration Form

Check One:

Fall Spring Summer Winter Year _____

Completed Credits: 0-29 30-59 60-89 90+

Is this your first course taken at STAC? Yes No

Student ID Number: _____ Date of Birth ____/____/____

Name: _____
Last First M.I.

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Cell Phone _____ Email Address _____

Male Female

Major _____ Advisor Education: _____

Advisor Major Area: _____

CRN				COURSE		COURSE TITLE		DAY & HOUR

Approved Alternate Courses

Student's Signature _____

7-12 Major Area Advisor's Signature _____

Teacher Education Advisor's Signature _____

Registration Access Code

OFFICE USE ONLY