ST. THOMAS AQUINAS COLLEGE

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

Registrar's Office

UNDERGRADUATE REGISTRATION FORM

PLEASE PRINT

Check One:

☐ Main Campus ☐ West Point ☐ High School ☐ Dorm Resident

☐ Fall ☐ Spring ☐ Summer/Winter Year _____

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Non-Matric

Is this your first course taken at STAC? ☐ Yes ☐ No

Social Security: _____/_____/_____ Date of Birth _____/_____/_____

Name: _____
Last First M.I.

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Cell Phone _____ Email Address _____

☐ Male ☐ Female

☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Non-Resident Alien ☐ Other

☐ US Citizen, if not, country of citizenship? _____

Major _____ Advisor_____

CRN					COURSE	COURSE TITLE	DAY & HOUR

Approved Alternate Courses

OFFICE USE ONLY

Advisor's Signature_____

WHITE — REGISTRAR PINK — STUDENT YELLOW — ADVISOR