St. Thomas Aquinas College
Office of the Registrar
125 Route 340
Sparkill, New York 10976-1050
845 398-4300

REGISTRATION FORM

Select one: WINTER __ SUMMER___ Year: _____

Please Print

Student ID #: _____ **Date of Birth:_____**

NAME: _____ Date: _____
Last First MI

ADDRESS: _____

_____ _____
City State Zip Code

HOME PHONE: _____ BUSINESS PHONE _____
(Area Code) (Area Code)

CELL PHONE: _____ EMAIL: _____
(Area Code)

Should we need to reach you during the day, where should we call? (H)____(B)____(C)___

Are you currently attending St. Thomas Aquinas College? _____

If you are attending another College, please indicate _____
Name of College or University

CRN	COURSE AND SECTION #	COURSE TITLE	CREDIT

WINTER/SUMMER SESSIONS REGISTRATION ARE IN PERSON ONLY