



Office of the Registrar

Phone: 845-398-4300

registrar@stac.edu

Summer Registration Form

Please Print

Student ID # or SSN: _____ Date: _____

Name: _____ Male Female

Home Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Email: _____

Are you currently attending St. Thomas Aquinas College? Yes No

If you are attending another College, please indicate: _____

CRN				COURSE	COURSE TITLE	SECTION	CREDIT

Student Signature: _____

Payment in full is required at the Business Office prior to registering

The Summer Refund Policy is:

- Before any class starts will be 100%
- Withdrawal on days 1 & 2 of class meeting will be 75%
- Withdrawal on day 3 of class meeting will be 50%
- Withdrawal on day 4 of class meeting will be 25%
- Withdrawal on day 5 of class meeting or later there will be 0% refund allowed

****Some courses may carry fees****