California University of PA
School of Graduate Studies & Research
315 Dixon Hall, Box 91
250 University Avenue
California, Pennsylvania 15419
724-938-4187 FAX: 724-938-5712

REGISTRATION FORM
Term: _____
Date: _____

***THIS FORM IS TO BE USED IF YOU DO NOT WANT TO DO WEB REGISTRATION**

Social Security Number _____-_____-_____ **Birthdate**_____
Month Day Year

Name_____
Last First Middle Initial

Address_____
Street Name Apartment Number

_____
City State Zip

Home Phone _____ **Work Phone** _____

Fax Number_____ **E-Mail**_____

COURSE TITLE	DEPT CODE	COURSE NO.	CR. HRS.	SEC NO.	Sun	Mon	Tue	Wed	Th	Fri	Sat	ROOM	KEY #
Will these credits be used for Act 48? _____Yes _____No If yes, what school ds**t.**_____ Address:_____ Contact Person**:**_____													
Advisor's Signature: _____													

CALIFORNIA UNIVERSITY OF PENNSYLVANIA
Drop or Add Form

Key Number	Process	Admit To Closed Section	Course Title	Dept Code	Course Number	Section Number	Credit Hours	Room	Instructor
	Drop / Add	Yes / No							
	Drop / Add	Yes / No							
	Drop / Add	Yes / No							
	Drop / Add	Yes / No							

Reason for Change:	Grade to date by instructor (After six weeks) _____	Recorded as WP or WF
Total Credits on original schedule	Total Credits schedule following this transaction only:	
Student Signature	Advisors Signature	
Department Chairperson or Instructor	Deans Signature	

Final Adjustments will be computed in the Bursar's Office Date_____