

## OFFICE OF THE REGISTRAR REGISTRATION FORM FOR CREDIT COURSES, \_\_\_\_\_

SEMESTER, 20\_\_\_\_

I SOCIAL SECURITY NUMBER		DATE OF BIRTH	VOHTH	
Permanent Home Address:		Phone where you can be reached.    Day		
Phone	Zip	Your Signature Date Signed		
		Fmail Address	n email address other than your PhilaU.edu d	address.)
	CHECK THE APPROPRIAT	E 回 IN EACH CATEGORY.		
Sex: M 🗌 Male F 🗔 Female	1W 🗆 White		Legal Home Residence:    PC  Philadelphia County    P  PA, other than Phila    J  New Jersey    Y  New York    U  USA, other than PA,    F  Country, other than	adelphia , NJ or NY
	COURSE SELECTION A	ND PAYMENT OPTIONS		
Course Identifier Course Number Section No. Div.	NOTE Course Title	: All registrations are subjec	to University acceptance and appro	oval.
Payment Information	and the second			
Note: Registrations received after the deadline or wi	thout adequate payment will NOI	be accepted.	e use only:	
Signature	er			
My company will pay. Name of company	*			

Philadelphia University's Security Report, required by the Jeanne Clery Campus Security Act and the Pennsylvania College and University Security Information Act, is available at http://:www.PhilaU.edu/security/cleryrpt.html. The document contains information regarding campus security and personal safety, including topics such as: crime prevention, crime-reporting policies, crime statistics, disciplinary procedures, and other matters of importance related to security on campus. You can receive a paper copy of the report by contacting the Department of Safety and Security at 215.951.2620.