

HILBERT COLLEGE

REGISTRATION FORM

Semester: Fall Spring Summer

Student ID Number

Last Name First Name MI

Street Address

City State Zip Phone Number

Check if this is a change of address

Course #	Section	Course Title	Completed Pre-Req.

I acknowledge that I must cancel my registration in writing before the first day of classes in order to avoid tuition and fees obligation. After the first day of the semester any withdrawals will be subject to the refund policy in effect.

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____