

UNDERGRADUATE REGISTRATION FORM

Campbell University - RTP Campus
808 Aviation Parkway, Suite 1100, Morrisville, NC 27560

Student ID Number _____ Term: Sprg. 1 / Sprg. 2 / Sum. 1 / Fall 1 / Fall 2

Last Name _____ First Name _____ MI _____

Maiden Name / Any Previously Used Name: _____

E-mail Address: _____

Local Mailing Address: _____ City _____

State _____ Zip Code _____ County _____

Home Phone (____) - _____ - _____ Work Phone (____) - _____ - _____

Term I

Prefix	Course #	Course Title	Days	Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Term II

Prefix	Course #	Course Title	Days	Time
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I agree to pay the remaining balance owed by the end of the semester for which I have registered. I agree to be financially liable for the amount of any financial aid if my application for these funds is denied. I also understand and agree that should I withdraw after the end of the published ADD/DROP date specified in the term schedule, I will be responsible for the full tuition fees whether or not I attend class. If I fail to pay the remaining balance by the end of the semester for which I have registered, the entire unpaid balance will immediately become due and payable as well as legal fees, 12% per-annum service charge and collection costs incurred as a result of nonpayment, and Campbell University may institute further actions to include withholding university services, such as registration privileges, diploma and/or transcript releases.

_____ _____
Date **Signature**

*Note: Campbell University reserves the right to correct clerical errors.

PLEASE DO NOT WRITE BELOW THIS LINE

Please do not write in the shaded area.

Charges

(Sub Total)

Financial Aid:

Total TA - _____

Tech Fee(s): - _____

Balance: _____

Deposit (1/3): - _____

Amount Due: \$ _____

New Con.Raleigh Cont.FB Cont.Pope MC VS VA _____