

PLEASE FAX REGISTRATION TO 954-262-2336 ATTENTION: CUSTOMER SERVICE SUPPORT



3301 College Avenue  
Fort Lauderdale, FL 33314-7796

# STUDENT TRANSACTION FORM

TO BE USED FOR COURSE REGISTRATION, DROP/ADD,  
PARTIAL WITHDRAWAL, OR COMPLETE WITHDRAWAL

STF



**PLEASE CHECK**

- REGISTRATION   
  DROP/ADD   
  PARTIAL WITHDRAWAL   
  COMPLETE WITHDRAWAL

<b>A1</b>	CIRCLE INFORMATION THAT HAS CHANGED SINCE YOUR LAST REGISTRATION	NSU ID	N						EMAIL ADDRESS
LAST NAME			FIRST		MIDDLE			HOME PHONE (    )	
PRESENT LEGAL / HOME STREET ADDRESS			CITY		STATE		ZIP CODE		COUNTY
PRESENT LOCAL STREET ADDRESS			CITY		STATE		ZIP CODE		LOCAL/DORM PHONE (    )
EMPLOYER NAME / SCHOOL NAME			LAST NAME		FIRST			MIDDLE	RELATIONSHIP
PHONE AT WORK			STREET ADDRESS		CITY			STATE	ZIP CODE
								HOME PHONE	COUNTY

ACADEMICS	CHECK ONE IN EACH CATEGORY
CENTER	<b>COURSE LOCATION:</b> <input type="checkbox"/> MAIN CAMPUS (Location) <input type="checkbox"/> NEW STUDENT (FIRST TIME AT NSU) <input type="checkbox"/> CONTINUING STUDENT <input type="checkbox"/> RETURNING AFTER ABSENCE OF ONE YEAR
PROGRAM 1	
PROGRAM 2	
<b>STUDENT STATUS:</b> <span style="float:right; font-size:2em;">A2</span>	
V.A. BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO                    FOREIGN STUDENT VISA? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU ANTICIPATE GRADUATING AT THE END OF THIS TERM? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, YOU MUST FILE AN APPLICATION FOR DEGREE.	
CHECK ONE	
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
DATE OF BIRTH	
MO	DAY
YEAR	

C	TERM CODE	BANNER COURSE REF. NO.	SUBJECT	COURSE NO.	SECTION	COURSE TITLE	DAY(S)	START DATE/END DATE	CR. HRS.	FOR DROP/ADD & WITHDRAWAL DROP	ADD	APPROVAL INITIAL	REG. CODE

<b>STUDENT: PLEASE READ CAREFULLY</b>	I HEREBY AGREE TO PAY WHEN DUE ALL SUMS ASSESSED BY NOVA SOUTHEASTERN UNIVERSITY FOR TUITION, HOUSING, AND FEES. IF COLLECTION IS REQUIRED, I AGREE TO PAY REASONABLE COLLECTION FEES AND/OR ATTORNEY'S FEES. I AUTHORIZE THAT MONIES RECEIVED WITH THIS REGISTRATION BE FIRST APPLIED TO ANY PRIOR DELINQUENT BALANCE.	X	STUDENT'S SIGNATURE _____ DATE _____
		X	ADVISER'S SIGNATURE _____ DATE _____

**D ALL TUITION AND FEES ARE DUE AT TIME OF REGISTRATION. PLEASE INDICATE METHOD(S) OF PAYMENT:**

CASH   
  CHECK OR MONEY ORDER (With your NSU ID No.)   
  FINANCIAL AID/LOAN   
  CREDIT CARD (SEE E)

**STUDENT: AFTER THE ABOVE TRANSACTION, HOW MANY CREDITS THIS TERM?**

X

**E** I hereby authorize a charge to be made to my credit card:

COLLEGE CARD   
  VISA   
  MASTERCARD   
  AMERICAN EXPRESS

AMOUNT \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

EXP. DATE \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REFUND POLICY	CHARGES	DETAIL CODE	AMOUNT
STUDENTS HAVE THREE WORKING DAYS FROM THE DATE OF SIGNING AN ENROLLMENT CONTRACT OR FINANCIAL AGREEMENT WITH THE UNIVERSITY TO CANCEL THE CONTRACT AND RECEIVE A FULL REFUND OF ANY TUITION AND REGISTRATION FEES PAID. FURTHER, A STUDENT SHALL RECEIVE A FULL REFUND OF TUITION AND REGISTRATION FEES PAID BY THE STUDENT PRIOR TO THE COMMENCEMENT OF INSTRUCTION IF THE STUDENT SUBMITS A WRITTEN REQUEST TO THE INSTITUTION WITHIN THREE WORKING DAYS OF THE PAYMENT. REFUND SCHEDULES FOR TUITION AND FEES AFTER THE COMMENCEMENT OF INSTRUCTION MAY BE FOUND IN THE APPROPRIATE CENTER OR PROGRAM CATALOG.	TUITION		
	REGISTRATION		
	LATE REGISTRATION	2007	
	SERVICE CHARGE	2130	
	APPLICATION		
	STUDENT ACTIVITY		
	STUDENT SERVICE		
	PRIOR BALANCE DUE		
	TOTAL		

PAYMENTS	DETAIL CODE	AMOUNT
STAFF WAIVER		
PRIOR CREDIT BAL.		
CASH ONLY		
MONEY ORDER, CHECK		
CREDIT CARD		
OTHER		
TOTAL		

**G REFUND INFORMATION**

ASSESSMENT \$ \_\_\_\_\_

NO FINANCIAL ASSESSMENT \_\_\_\_\_

REVERSE \_\_\_\_\_ %

OF \$ \_\_\_\_\_ \$ \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NO FINANCIAL ADJUSTMENT    REFUND    CREDIT ACCOUNT

**H FOR UNIVERSITY USE ONLY**

**COHORT CODE**

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TUITION ASSESSMENT \_\_\_\_\_ DATE \_\_\_\_\_

REGISTRATION ENTERED \_\_\_\_\_ DATE \_\_\_\_\_

ACCOUNTS RECEIVABLE \_\_\_\_\_ DATE \_\_\_\_\_