STUDENT TRANSACTION FORM

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

STF

NSU NOVA SOUTHEASTERN UNIVERSITY
3301 College Avenue
Fort Lauderdale, FL 33314-7796

PLEASE CHECK ☐ REGISTRATION ☐ DROP/ADD ☐ PARTIAL WITHDRAWAL ☐ COMPLETE WITHDRAWAL

A1 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

PHONE AT WORK

EMERGENCY CONTACT

LAST NAME | FIRST | MIDDLE | RELATIONSHIP | HOME PHONE

STREET ADDRESS | CITY | STATE | ZIP CODE | COUNTY

ACADEMICS — CHECK ONE IN EACH CATEGORY

CENTER

PROGRAM 1

PROGRAM 2

COURSE LOCATION: ☐ MAIN CAMPUS (Location)

A2 STUDENT STATUS: ☐ NEW STUDENT (FIRST TIME AT NSU) ☐ CONTINUING STUDENT ☐ RETURNING AFTER ABSENCE OF ONE YEAR

V.A. BENEFITS? ☐ YES ☐ NO FOREIGN STUDENT VISA? ☐ YES ☐ NO

DO YOU ANTICIPATE GRADUATING AT THE END OF THIS TERM? ☐ YES ☐ NO

IF YES, YOU MUST FILE AN APPLICATION FOR DEGREE.

CHECK ONE: ☐ MALE ☐ FEMALE

DATE OF BIRTH: MO | DAY | YEAR

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

STUDENT: PLEASE READ CAREFULLY

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?

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:

F REFUND POLICY

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.

CHARGES	DETAIL CODE	AMOUNT
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

TUITION ASSESSMENT DATE

REGISTRATION ENTERED DATE

ACCOUNTS RECEIVABLE DATE

WHITE - Registrar YELLOW - Accounts Receivable PINK - Program Office GOLD - Student

08-085/05 PCT