



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

ACADEMICS	CHECK ONE IN EACH CATEGORY
CENTER	COURSE LOCATION: <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	STUDENT STATUS: A2
PROGRAM 2	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	

A1 CIRCLE INFORMATION THAT HAS CHANGED SINCE YOUR LAST REGISTRATION

NSU ID: **N | 0 | 0 | - | 0 | 0 | - | 0 | 0 | 0 | 9**

EMAIL ADDRESS: **user name @nova.edu**

LAST NAME: **Business** FIRST: **Mary** HOME PHONE: **(XXX) XXX-XXXX**

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: _____ HOME PHONE: _____

PHONE AT WORK: **XXX-XXX-XXXX** STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

EMERGENCY CONTACT

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	APPROVAL INITIAL	REG. CODE
	200930	31111	MGT	4880	IDY	Business Strategy & Policy	mwf	1/5/09 - 4/30/09	3	<input checked="" type="checkbox"/>		

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 Signature **1/5/09** DATE **X** Adviser 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

ACCOUNT NUMBER: _____ EXP. DATE: _____

STUDENT SIGNATURE: _____ DATE: _____

REFUND POLICY	CHARGES	DETAIL CODE	AMOUNT	PAYMENTS	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			STAFF WAIVER			
	REGISTRATION						
	LATE REGISTRATION	2007					
	SERVICE CHARGE	2130					
	APPLICATION						
	STUDENT ACTIVITY						
	STUDENT SERVICE						
	PRIOR BALANCE DUE						
	TOTAL				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: _____