



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

A1 CIRCLE INFORMATION THAT HAS CHANGED SINCE YOUR LAST REGISTRATION	NSU ID					EMAIL ADDRESS
	N					
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	HOME PHONE
PHONE AT WORK		STREET ADDRESS		CITY	STATE	ZIP CODE COUNTY

ACADEMICS	CHECK ONE IN EACH CATEGORY
CENTER	COURSE LOCATION: <input type="checkbox"/> MAIN CAMPUS (Location) <input type="checkbox"/> NEW STUDENT (FIRST TIME AT NSU) A2
PROGRAM 1	<input type="checkbox"/> CONTINUING STUDENT
PROGRAM 2	<input type="checkbox"/> RETURNING AFTER ABSENCE OF ONE YEAR
	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	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.

STUDENT'S SIGNATURE _____ DATE _____
 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: _____

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 _____