



Enrollment Services
125 Michigan Avenue NE
Washington DC 20017
 202.884.9530

New Student Registration Form

First Name:	MI:	Last Name:
Student ID #:		Advisor:
Telephone #:		Degree Program:
Semester and Term:		Major/Minor:

COURSE ID	SECTION	SESSION	COURSE TITLE	INSTRUCTOR'S NAME	CREDITS

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Admissions Signature: _____ Date: _____

I understand that I am responsible for ensuring that the courses I have selected fulfill Program and University requirements. I have discussed my course selection with an advisor. I understand that I am responsible for and agree to pay all charges I incur at Trinity and that if I withdraw, I must do so in accordance with the policies and procedures for that term. I understand that if my account becomes delinquent, I will be liable for collection costs and legal fees. By signing this form, I acknowledge that I have read the information on this form and I have read and understand the policy on Student Financial Responsibility.

Office Use Only: Date Received: _____ Entered by: _____ Date: _____