

UST Student Circle Level: FR SOPH JR SR

First Name _____ Last Name _____

Address _____ Apt. No. _____ City _____ State _____ Zip Code _____

Telephone: _____ Res. Phone _____ / _____ Alt. Phone _____ / _____
(Area Code) (Area Code)

Today's date ____/____/____ This form is for enrollment in the Spring Summer Fall Semester (circle one)

ADDING Course No.	Section	Day	Time	Instructor
1.				
2.				
3.				
4.				

DROPPING Course No.	Section	Day	Time	Instructor
1.				
2.				
3.				
4.				

ADJUSTED TUITION/FEES

Tuition	Lab Fee	Total
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

		Total \$ _____

PAYING WITH CREDIT CARD

Circle One: Visa Mc Amex Discover

Card Expires ____/____ (Mo/Yr)

Card Number _____

Signature _____