



1. The registration form must be **COMPLETED PRIOR** to entering the registration area, as it will be used to key your course request(s). **New students must complete page two.**
2. Please make sure the **COURSE REFERENCE NUMBER (CRN #)** has been entered correctly. Schedules must have a **CRN#** to be entered.
3. Changes in biographical data (name, address, telephone number) must be reported to the Registrar's Office.

Fall Spring Summer I Summer II Year: ___ Date: _____ Student ID# _____

Level: Undergraduate Graduate

Name: _____ Tel: (Cell) _____ (Home) _____
Last First M.I.
 (Work) _____

Mailing Address: _____

Email: _____ Emergency Contact: _____
Last Name First Name
 Tel: (Cell) _____ (Home) _____ (Work) _____

CRN#	SUBJ	CRSE#	SEC	CRED	DAY	TIME	AUDIT(Y/N)
12345	MAT	231	A	4	MTWF	1:00-1:50	N

SAMPLE SCHEDULE

OFFICE USE

CRN#	SUBJ	CRSE#	SEC	CRED	DAY	TIME	AUDIT: (Y/N)
Total Credits:							_____

Alternate Course Selection(s)

 Advisor's Signature _____
 Student's Signature

Office Use:

PIP-Prerequisite in progress	PNM-Prerequisite not met	CTC-Course time conflict
CLS-Closed class	CRN-Wrong CRN	WTL-Waitlisted
CC-Cancelled class		



REGISTRATION FORM

[http:// www.uvi.edu](http://www.uvi.edu)

Social Security Number # _____ Fall Spring Summer I Summer II 20 ____

Campus: STT STX

Level: Undergraduate Graduate

Name: _____
Last First Middle Maiden

Physical Address: _____
_____ Zip _____

Local Mailing Address: _____
_____ Zip _____

Phone: Home (____)____-_____

Work: (____)____-_____Ext. _____

Sex: Male Female

U.S. Citizen Yes No

Date of Birth: _____

Permanent Resident _____
Alien Registration # _____

Non Resident Alien: Type of Visa F J H

In compliance with federal reporting requirements, UVI must seek to identify the ethnic background of students enrolled. You are encouraged to supply this information.

- Black/Non-Hispanic
- Asian/Pacific Islander
- White/Non-Hispanic
- American Indian/Alaskan
- Hispanic
- Other

Have you lived in the Virgin Islands for the past twelve (12) months? Yes No

In what state/country is your permanent residence? _____

Year of last attendance at UVI _____

I certify that the information given on this form is complete and correct. I acknowledge that deliberate omissions or falsifications may subject me to immediate dismissal from the University.

Under the provisions of the Family Educational Rights and Privacy Act of 1974, as amended, you have the right to withhold the disclosure of any directory information.

If you would like that your name not be listed in a directory please indicate: Yes No

Student's Signature

Date