University of the Virgin Islands

REGISTRATION FORM

GENERAL INSTRUCTIONS/INFORMATION

1. The registration form must be COMPLETED PRIOR to entering the registration area, as it will be used to key your course request(s).
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, phone #) must be reported to the Office of Enrollment Management.

☐ **Fall** ☐ **Spring** ☐ **Summer** **Yr.** _____ **Date:** _____

Course Level: ☐ **Undergraduate** ☐ **Graduate** **Daytime Phone #:** _____

SS#: _____ **Name:** _____

Last **First** **M.I.**

Email: _____ **Address** _____

Mailing **City** **St** **Zip**

SAMPLE SCHEDULE

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

Office Use

CRN#	SUBJ	CRSE#	SEC	CRED	DAY	TIME	AUDIT

Total Credits: [ ]

Alternate Course Selection (s)

_____ **Advisor's Signature**

_____ **Student signature**

OFFICE USE: PIP –Prerequisite in progress, PNM- Prerequisite not met, CTC-course time conflict, CLS- Closed class, CRN- Wrong CRN, WTL- Waitlisted

University of the Virgin Islands

Registration Form

Social Security # _____ ☐ Fall ☐ Spring ☐ Summer 20_____

Campus: ☐ STT ☐ STX Level: ☐ Undergraduate ☐ Graduate

Name: _____

Last First Middle Former

Permanent Address: Local Mailing Address:

_____ _____

_____ Zip _____ _____ Zip _____

Phone: Home (____) _____ — _____ Work:(____) _____ — _____ Ext _____

Sex: Male ☐ Female ☐ U.S. Citizen Yes ☐ No ☐

Permanent Resident _____
Alien Registration #

Date of Birth:____ ____ ____
DD MM YY

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.

☐ 1. Black/Non-Hispanic ☐ 3. Asian/Pacific Islander ☐ 5. White/Non-Hispanic

☐ 2. American Indian/Alaskan ☐ 4. Hispanic ☐ 6. Other

In what state/country is your permanent residence? _____

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

Last attended 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