ST. THOMAS AQUINAS COLLEGE

STAC Registration Worksheet

SEMESTER/TERM

- ☐ FALL
- ☐ WINTER
- ☐ SPRING
- ☐ SUMMER

STAC ID NUMBER: _____ # COMPLETED CREDITS _____

NAME: _____ DATE OF BIRTH _____

MAJOR: _____

MINOR: _____

ADVISOR: _____

CRN	COURSE	ATTRIBUTE	DAYS & TIMES
APPROVED ALTERNATE COURSES			

I UNDERSTAND THAT THIS RECOMMENDED SCHEDULE WILL KEEP ME ON TRACK TOWARDS MEETING THE DEGREE REQUIREMENTS FOR MY PROGRAM OF STUDY. I ALSO UNDERSTAND THAT MY FAILURE TO REGISTER FOR THESE COURSES MAY RESULT IN: THE NEED TO REGISTER FOR SOME OR ALL OF THESE COURSES AT A LATER DATE, ADDITIONAL EXPENSES, OR OTHER CONSEQUENCES.

REGISTRATION ACCESS CODE				

_____

Academic Advisor Signature/Date

_____

Student Signature/Date