

Fall Semester Registration Form

Please return the completed form to the Registrar's Office
Miller Administration Building, Room 32 • registrar@ycp.edu • Tel. (717) 815-1273

NAME _____ ID# 90 _____
Last First MI

YCP EMAIL _____ PHONE # _____

MAJOR _____ Undergraduate Graduate

CRN # <i>Ex: 14235</i>	Course # <i>Ex: SOC 100.101</i>	Course Title <i>Ex: Intro to Sociology</i>	Credit # <i>Ex: 3</i>

Financial Information:
Registration is subject to clearance of any holds on your account. New, transfer, readmitted, and non-matriculated students must pay a deposit to register. By signing this form you agree to pay the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs and expenses, including reasonable attorney's fees, we incur in such collection efforts of unpaid student account charges. Any unpaid debt may also be reported to the national credit bureaus which may adversely affect your credit score.

Student Signature (Required) _____ Date (required) ____/____/____