

TO:
Ukrainian-American Concordia University
rector Prof. Olexander Romanovsky

FROM:
Student of _____ year
_____ major
ID number № _____

(Last name)

(First name)

(Middle name)

Course registration

Academic Year: 2018/ 2019

Semester: Spring

Please register me for the following courses*:

№	Courses	Group	Instructor
1.			
2.			
3.			
4.			
5.			
6.			
7.			

* Student may stop learning the course and bad marks will not be recorded on the official university transcript before the Midterm.

*Payment for the course will not be returned.

Telephone: _____

Email Address: _____

Parent's Telephone: _____

I hereby guarantee full payment.

I will have no complaints against the instructor and Administration of university about estimation.

Date _____

Signature _____