



Student Transaction Form

(one semester per form only)

STF



Enrollment and Student Services
Office of the University Registrar
3301 College Avenue • Fort Lauderdale, Florida 33314-7796
(954) 262-7200 • 800-541-6682 • Fax (954) 262-3256

Last Name _____ First Name _____ Middle Initial _____

NSU ID N _____ Phone Number _____ Semester _____

Students must be officially registered prior to the start date of course(s) in order to participate in and receive academic credit for those courses. Changes to course registrations will not be accepted 30 days after each semester ends. Students are responsible for reviewing their registration and academic records each semester for accuracy.

Courses to Add

| Course Ref. No. | Subject | Course No. | Section | Course Title | Start Date/End Date | Cr. Hrs. |
|-----------------|---------|------------|---------|--------------|---------------------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Courses to Drop or Withdraw

| Course Ref. No. | Subject | Course No. | Section | Course Title | Start Date/End Date | Cr. Hrs. | Last Date of Attendance <small>Office Use Only</small> |
|-----------------|---------|------------|---------|--------------|---------------------|----------|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

IMPORTANT: NOVA SOUTHEASTERN UNIVERSITY FINANCIAL LIABILITY AGREEMENT

I agree to pay all NSU charges pursuant to NSU policies. I understand that the university is advancing value to me in the form of educational services and that my right to register is expressly conditioned upon my agreement to pay institutional costs including, but not limited to, tuition, fees, housing, meal plan, and any additional costs, when those charges become due. I understand that NSU SharkLink and NSU email are the official means that the university will use to communicate with me. It is my responsibility to view my charges in NSU SharkLink or NSU eBill.

I understand that a past due student account balance will result in a financial hold, which prevents future registrations as well as other services being offered in accordance with university policy. Delinquent student account balances may be reported to a credit bureau and referred to collection agencies or litigated. I agree to pay any costs associated with the collection of unpaid charges, including attorney fees and court costs. This agreement shall be construed in accordance with Florida law, and any lawsuit to collect unpaid fees may be brought in the appropriate court sitting in Broward County, Florida, regardless of my domicile at the time of bringing such action.

Student Signature _____ Date _____

Adviser Signature _____ Print Name _____ Extension _____ Date _____

| | |
|------------------------|------------|
| Office Use Only | |
| Processed by _____ | Date _____ |