

UNIVERSITY OF ATLANTIA REGISTRATION FORM

NAME (LEGAL)_____

Check all that
apply:

NAME (SCA)_____

PHONE _____

☐ First SCA event

EMAIL _____

☐ First University

HOME
GROUP _____

☐ Teaching

| TIME | COURSE TITLE |
|----------|--------------|
| Period 1 | _____ |
| Period 2 | _____ |
| Period 3 | _____ |
| Period 4 | _____ |
| Period 5 | _____ |
| Period 6 | _____ |

ALL COURSE FEES ARE PAYABLE TO THE INSTRUCTOR AT THE
BEGINNING OF THE CLASS.

PLEASE PRINT LEGIBLY.

MAIL COMPLETED FORM TO:

University of Atlantia Registrar
Kirsten Niemann
349 Mechunk Creek Drive
Troy, VA 22974

