

UNIVERSITY OF MERIDIES
STUDENT REGISTRATION FORM

Please fill out the following information by PRINTING LEGIBLY:

SCA NAME: _____

MUNDANE NAME: _____

MUNDANE ADDRESS: _____

LOCAL SCA GROUP: _____

Have you taken classes within the University prior to registering today? ___ Yes ___ No

If yes, under what name(s) did you take these classes?

Date registered: _____

Fee Paid: _____

Fee Received by: _____

Date Mailed to RUM: _____

Fee submitted to RUM: _____

For Use of Royal University Staff

Received:

Fee received:

Confirmation: Y N Mailed to:

Forwarded to Exchequer:

Data Entered: By: