

Statement of Understanding

Please read, sign and submit this form to the Office of Academic Affairs.

DUE BY END OF LATE REGISTRATION

I,	
	(Student Name)
https://psr.edu/academics/acader	nic copy of the Academic Catalog found at mic-catalog/. I understand the policies and have to the program(s) for which I have been admitted.
The program(s) to which I have be	een admitted to at PSR is/are:
(Please list all d	egree and certificates for which you were admitted)
	oulated within, including future addenda to the Academic pliance with the terms of these policies is a condition of
	estions at any time regarding these policies, I will demic Affairs & Registrar or the appropriate
•	active student status at PSR may be rescinded if I do not nd of late registration or if I fail to abide by the policies atalog.
Signature	Date
Office Use Only	
Date Received:	