MarymountManhattan

REGISTRATION AGREEMENT FORM

Name: _____ **Student ID:**_____

Preferred Phone Number:_____ **Enrollment:** ◯ **FT** ◯ **PT**

Year:_____ **Semester:** ◯ **Fall** ◯ **Spring** **Status:** ◯ **Degree** ◯ **Non-Degree**

	DEPARTMENT	COURSE No.	SECTION (e.g. 01, 02, OL01, BL01, HP01, etc.)	CR	Override/Waiver (Dean/Chair signature approval)	Comment/Reason
1.	-					
Alt	-					
2.	-					
Alt.	-					
3.	-					
Alt.	-					
4.	-					
Alt.	-					
5.	-					
Alt.	-					
6.	-					
Alt.	-					
7.	-					
Alt.	-					
8.	-					
Alt.	-					

SUMMER/JANUARY TERM CLASSES ONLY

Year:_____ **Semester:** ❑ **January** ❑ **Summer Session 1** ❑ **Summer Session 2**

	DEPARTMENT	COURSE	SECTION	CR	Override/Waiver (Dean/Chair signature approval)	Comment/Reason
1	-					
2	-					
3	-					

Acknowledgment

I, the undersigned student, accept sole responsibility for registering for the above courses. I understand that failure to register for these courses may impede my degree program. Further, I agree that I will be held liable for any tuition and fees incurred by such registration, whether online or in-person, in accordance with the college's policies as published in the current catalogue and as stated in MMC's Registration Financial Agreement form.

Student's Signature:_____ **Date:**_____

Faculty/Academic Advisor:_____ **Date:**_____

Program Director/Chair (If applicable):_____ **Date:** _____

Processed by (CSS rep initials):_____ **Date:** _____