MARYWOOD UNIVERSITY

REGISTRATION FORM

☐ FALL SEMESTER
☐ SPRING SEMESTER
☐ SUMMER I
☐ SUMMER II
☐ SUMMER III

LAST NAME FIRST NAME INITIAL

STREET CITY STATE ZIP

AREA CODE TELEPHONE STUDENT IDENTIFICATION NUMBER (optional) MAIDEN NAME

Marywood University is sometimes asked to provide statistical data on race and ethnicity in compliance with Title VI of the Civil Rights Act of 1964 and Title IX of The Educational Amendments of 1972.
Please check one of the following. (optional)

____ American Indian or Alaskan native
____ Asian or Pacific Islander
____ Black, non Hispanic
____ Hispanic
____ Non-resident alien
____ White, non Hispanic

CRN	CATALOG NUMBER	SECTION	COURSE TITLE	Circle correct level	Number of Credits	Check if auditing course
				U G		
				U G		
				U G		
				U G		
				U G		
				U G		
				U G		
				U G		
				U G		
				U G		

TOTAL CREDITS ____

ADVISOR: Please sign and date after the last course above.

I checked this form and accept responsibility for any inaccuracies.

SIGNATURE OF STUDENT _____ DATE _____

White -- Student
Yellow -- Advisor

10/3/07