MARYWOOD UNIVERSITY

REGISTRATION FORM

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

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 TitleVI of the Civil Rights Act of 1964 and Title IX of the Educational Amendments of 1972.

In order to respond we ask you to answer the following: _____ Hispanic or Latino _____ Not Hispanic or Latino

Also, please check one or more of the following:

_____ American Indian or Alaska Native _____ Asian _____ Black or African American

_____ Native Hawaiian or other Pacific Islander _____White

CRN	DEPT	CATA	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 have checked this form and accept responsibility for any inaccuracies.

SIGNATURE OF STUDENT _____ DATE _____

White -- Student
Yellow -- Advisor

10/06/10