Office of the Registrar
2300 Adams Avenue
Scranton, PA 18509
Phone: (570) 348-6280
Fax: (570) 961-4758
E-mail: registrar@maryu.marywood.edu
Website: www.marywood.edu

REGISTRATION FORM

Student and Session/Semester Information

Last Name _____ First Name _____ Initial _____

Street Address _____ City _____ State _____ Postal Code _____

Student Identification Number _____ Email Address _____ Preferred Phone Number (_____)_____

☐ **Fall Semester** ☐ **Spring Semester** ☐ **May Term** ☐ **Summer Session I** ☐ **Summer Session II**

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.

1. In order to respond we ask you to answer the following: ☐ Hispanic or Latino(a) ☐ Not Hispanic or Latino(a)

2. Also, please check one or more of the following: ☐ Asian ☐ White

☐ American Indian or Alaska Native ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander

COURSE REGISTRATION INFORMATION

Department	Course Number	Section	Course Title	Number of Credits	Check if Auditing
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐
					☐

Total Number of Credits: _____

Administrative Certification: Advisor, please sign and date after the last course above.

Student Certification

I wish to register for the courses listed above. I have checked this registration form and accept responsibility for any inaccuracies.

Signature of Student _____ Date _____

FOR OFFICE USE ONLY

Registration Processed By: _____ Date: ___ /___ /___ | Registration Verified By: _____ Date: ___ /___ /___