



**Marywood**  
UNIVERSITY  
*Lead On.*

**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  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					Check if Auditing
Department	Course Number	Section	Course Title	Number of Credits	
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

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: \_\_\_/\_\_\_/\_\_\_