

02/18

Office of the Registrar

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REGISTRATION FORM

REGISTRATION FORM

| Street Address Student Identification Number | | First Name | First Name City State Email Address | | Initial Postal Code () Preferred Phone Number | | |
|--|------------------------|-------------------------|--|--------------------|---|------------------|--|
| | | City | | | | | |
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| | | Email Addre | | | | | |
| ☐ Fall Semest | _ | ng Semester | • | ımmer Sessi | | mer Session I | |
| Marywood | | | ide statistical data on race an d Title IX of the Educational A | | | e VI of the | |
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| | theck one or more | _ | Asidii | | White can Native Hawaiian or other Pacific Islander | | |
| Am | nerican Indian or Alas | | Black or African Am | | ative Hawaiian or otner i | Pacific Islander | |
| Department | Course Number | Section | Course Title | - | Number of Credits | Check if Auditin | |
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| Adr | ninistrative Ce | rtification: Advis | or, please sign and date | e after the l | ast course above |) . | |
| Student Certing Wish to register for | | above. I have checked t | this registration form and accept | responsibility for | r any inaccuracies. | | |
| Signature of Studer | | | | | | | |
| | | | Date | | | | |