MANHATTAN COLLEGE

GRADUATE DIVISION REGISTRATION FORM

Name: _____

Last Name   First Name   M.I.

Campus ID:_____

Semester/Session _____ **Year**: _____

(ex: Fall/1 or /2)   (ex: 2020)

Address: _____

Street   City   State   Zip

_____

County

Phone: _____

Email:_____

PROGRAM	**Kakos School of Science**	**MS** ☐ Mathematics ☐ Computer Science ☐ Applied Math/Data Analytics ☐
		ACT ☐ Applied Math/Data Analytics ☐

School of Education & Health   **MA** ☐   **MS** ☐   **MSED** ☐   **ACT** ☐

Educational Leadership	☐
School Counseling	☐
Mental Health Counseling	☐
Special Education	☐
Five-year Program Special Ed	☐
Dual Childhood Special Education	☐
Advanced Leadership Studies (SDL)	☐
Marriage & Family Therapy	☐

Mental Health Counseling	☐
Counseling Bilingual Extension	☐
School Counseling	☐
School Building Leadership	☐
Advanced Leadership Studies	☐
Special Education Bilingual Ext.	☐

PROGRAM: Non-Matriculated-Non-Degree Program ☐

O'Malley School of Busines MBA

BN BSMBA Accounting	☐
BN BSMBA Business	☐
MBA Program	☐
MBA Online Program	☐
MS Accounting Online Program	☐

School of Engineering   **MS** ☐ **ME*** ☐

Chemical	☐
Civil	☐
Computer	☐
Electrical	☐
Environmental*	☐
Mechanical	☐
Construction Management	☐

School of Continuing & Professional Studies MS ☐

Organizational Leadership	☐
Organizational Leadership Online	☐

YOUR COURSES MUST BE APPROVED BY PROGRAM DIRECTOR /PAYMENT MUST BE MADE TO THE STUDENT ACCOUNTS OFFICE

IMPORTANT: YOU MUST BE OFFICIALLY REGISTERED BEFORE CLASS BEGIN

CRN	Dept	Course #	Section	Title	Credits

_____   _____

*Student's signature (required)   Date

_____   _____

Director Approval (required)   Date

_____   _____

Processed   Date