MANHATTAN UNIVERSITY

JC REGISTRAR

Special Session Registration Form-Undergraduate

Choose one of the following:

January Intersession Summer Session I Summer Session II

Name: _____ ID# or SS#: _____
First Middle Last

Address: _____ D/O/B: _____/_____/_____

_____ Phone#: _____
City State Zip-code (In case of class cancellation)

Student Status:

Manhattan University____ Non-Matriculated____

CRN #	Course#	Section#	Title	Credits

In case of cancellation, you must contact the Jasper Central office to arrange for a refund or to register for an alternate course.

_____ _____
Student signature Date

_____ _____
Academic Advisor signature Date

Important: After getting approval from your Advisor and making payment, you must submit this form to the Jasper Central for registration. Email: jaspercentral@manhattan.edu