MANHATTAN COLLEGE

REGISTRAR

UNDERGRADUATE REGISTRATION FORM

Name_____ Campus ID #_____
(First, Middle, Last)

Program of Study:
- ☐ Arts
- ☐ Business
- ☐ Education
- ☐ Engineering
- ☐ Science

Major:
1._____
2._____

Minor:
1._____
2._____

Status:
- ☐ FR
- ☐ SO
- ☐ JR
- ☐ SR
- ☐ Non-Mat

Semester:
- ☐ Fall _____
- ☐ Spring _____

Expected Graduation:
_____
(Month & Year)

Required Courses

CRN	Dept	Crs #	Sec	Title	Cr

Total Credits: _____

Alternate Courses

CRN	Dept	Crs #	Sec

CRN	Dept	Crs #	Sec

_____

I UNDERSTAND THAT THIS RECOMMENDED SCHEDULE WILL KEEP ME ON TRACK TOWARDS MEETING THE DEGREE REQUIREMENTS FOR MY PROGRAM OF STUDY. I ALSO UNDERSTAND THAT MY FAILURE TO REGISTER FOR THESE COURSES MAY RESULT IN:

DELAYED GRADUATION
THE NEED TO REGISTER FOR SOME OR ALL OF THESE COURSES AT A LATER DATE
ADDITIONAL EXPENSES FOR CREDITS BEYOND REGULAR LIMITS
OTHER CONSEQUENCES

_____ _____
(Student Signature (Date)

Advisor _____ Date _____

Advisor _____ Date _____

FOR USE ONLY BY DEPARTMENT CHAIR Course _____

Chair _____ Date _____

4513 Manhattan College Parkway • Riverdale, NY 10471 • P: 718.862.7914 • F: 718.862.7457 • www.manhattan.edu