

Special Session Registration Form-Undergraduate

Registering for: January Inter-session Summer I Summer II Summer III

Name: _____ Campus ID#: _____
First Middle Last

Address: _____ D.O.B. ____/____/____
City State Zip-code Phone#: _____
(In case of class cancellation)

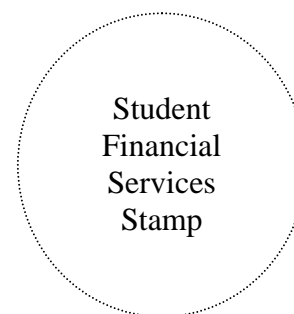
Student Status: Manhattan College Non-Matriculated

CRN#	Course ID	Course#	Section#	Course Title	Credits

In case of cancellation, you must contact the Registrar's 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 at the Student Financial Services, you must bring this form to the Registrars Office BEFORE CLASSES BEGIN.