



Special Session Registration Form-Undergraduate

Choose one o	of the following:					
January Inters	session	Summer Se	ssion I	Sumi	mer Session	п
Name:	M	iddle	ID# or SS#	ID# or SS#:		
				D/O/B:	/_	/
City	State		Zip-code	Phone#:	(In case of class	ss cancellation)
Student Statu	<u>s</u> :					
Manhattan Co	ollege	Non-Matricula	ted			
CRN#	Course#	Section#	Title			Credits
In case of car an alternate c	-	nust contact the	e Registrar's of	fice to arrange	for a refund	or to register for
Student signa	iture		Date			Bursar Stamp
Academic Advisor signature			Date			\ /

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