

Marist University

High School 1 Registration Form

Student Information

| | | | | | | | | | |
|---------------|--|--|-----------------|--------------------------------|--|-------------|--------|--|------|
| High School : | | | | (For Office Use Only) CWID: | | | | | |
| Student SSN: | | | Term: Fall 20__ | | | Spring 20__ | | | |
| Name: | | | | | | DOB: | | | |
| Address: | | | | City: | | | State: | | Zip: |
| Home Phone: | | | | Cell Phone: | | | | | |
| Email: | | | | | | | | | |

FOR OFFICE USE ONLY:

Course Registration

| CRN # <small>(for Office Use Only)</small> | COURSE # | COURSE TITLE | CREDITS |
|---|----------|--------------|---------|
| | | | |
| | | | |

Policy

- Full payment for the course is due at the time of registration
- Cost: \$125 per credit (3 credit course = \$375 / 4 credit course = \$500)
- If you have any questions regarding registration please call the Academic Learning Center 845.575.3300

Disclaimer

Marist University cannot guarantee that a college other than Marist will accept credit earned for the Marist course you have chosen. Each institution has its own policy and requirements.

| | |
|--------------------|-------|
| Student Signature: | Date: |
|--------------------|-------|

| For Office Use Only | |
|---------------------|-------|
| Processed By: | Date: |

- ___ Recommendation
- ___ High School Transcript
- ___ Payment

Notes: