



GRADUATE REGISTRATION FORM

(ALL FIELDS REQUIRED)

Semester: _____

STUDENT ID: _____		SSN: _____	DATE: _____
LAST NAME: _____		FIRST NAME: _____	MIDDLE NAME: _____
ADDRESS		PHONE	DOB: _____
Street: _____		Home: _____	Check one: <input type="checkbox"/> Male <input type="checkbox"/> Female
City: _____		Cell: _____	DEGREE/PROGRAM (check one):
State: _____ Zip: _____		EMAIL	<input type="checkbox"/> MA/MFA <input type="checkbox"/> MAT <input type="checkbox"/> MEd
<input type="radio"/> CHECK HERE IF YOU HAVE LISTED A NEW ADDRESS		_____	<input type="checkbox"/> MPS <input type="checkbox"/> MS <input type="checkbox"/> MSEd
			<input type="checkbox"/> Adv. Cert. <input type="checkbox"/> Non-Matric.

DEAN USE ONLY: Residency/Discount Code: _____	Cohort: _____	Approval Initials: _____
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REQUIRED ADVISOR SIGNATURE: _____	DATE: _____
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Course & Sec. #	Course Title	Instructor	Days	Times	Audit (enter A)	# of Credits

PAYMENT IS BE MADE DIRECTLY TO THE OFFICE OF STUDENT ACCOUNTS (914-323-5266).	
ALL STUDENTS MUST PAY THE \$60 REGISTRATION FEE PER SEMESTER.	
TUITION COST PER CREDIT	FEES PER COURSE
Graduate Education: \$915	Art Lab Fee: \$115
Graduate MA/MFA: \$770	Language Lab Fee: \$75
Graduate MS: \$915	Music Lesson Fee: ½ Hr: \$500; 1 Hr: \$1000
	Science Lab Fee: \$75.00
	Student Teach Fee: 3 credits \$373
	Student Teach Fee: 6 credits \$745

PLEASE NOTE:

Adding a graduate course requires an advisor signature. Dropping a graduate course must be done officially at the Registrar's Office. Refunds of tuition will be pro-rated downward beginning on the first day of class.

ATTENTION AUDITORS:

Registration for Auditors begins after the add/drop period and is conducted solely on a space-available basis. The auditing fee is \$510 per course. Auditors may register for lecture style courses (ie. History, English, Philosophy). Auditors may not register for courses that require lab or class participation (ie. Art, Dance, Foreign Languages).

I agree to abide by all policies and procedures as stated in Manhattanville College's publications including payment of all charges and collection fees. I realize I am solely responsible for selecting the courses needed for my degree. I am aware that registering for any repeat course may affect my financial aid.

STUDENT SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

DATE ENTERED: _____

ENTERED BY: _____

RETURN COMPLETED FORM TO:
 Registrar's Office (Brownson Hall 113) ♦ Manhattanville College ♦ 2900 Purchase St. ♦ Purchase, NY 10577
 Phone 914-323-5337 ♦ Fax 914-323-5211