



OFFICE USE ONLY

DATE ENTERED: _____

ENTERED BY: _____

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="checkbox"/> MPS <input type="checkbox"/> MS <input type="checkbox"/> MEd <input type="checkbox"/> Adv. Cert. <input type="checkbox"/> Non-Matric.	
<input type="checkbox"/> CHECK HERE IF YOU HAVE LISTED A NEW ADDRESS					

DEAN USE ONLY: Residency/Discount Code: _____ Cohort: _____ Approval Initials: _____

REQUIRED ADVISOR SIGNATURE: _____ DATE: _____

Course & Sec. #	Course Title	Instructor	Days	Times	Audit (enter A)	# of Credits

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.

Please visit the following link to make an online payment: <https://www.mville.edu/myaccount>. If you have questions, feel free to contact the Office of Student Accounts at 914-323-5266.

STUDENT SIGNATURE: _____ DATE: _____

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).

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