Manhattanville COLLEGE®

REGISTRATION FORM
Graduate and Doctoral Level

***** Register Online Using Student Planning! *****

Student Name: _____ _____ _____
LAST FIRST MIDDLE

Student ID: _____ Semester: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: _____

Program: ☐ Adv Cert ☐ Adv Dipl ☐ EDD ☐ MAT ☐ MED ☐ MFA ☐ MPS ☐ MS ☐ Non-Matric

Complete the following if you are a new student:
Address: _____ Home Phone: _____
City: _____ State: _____ ZIP: _____ Cell Phone: _____
Email: _____ Gender: _____ Date of Birth: _____

Course/Section	Course Title	Instructor	Days	Times	# Credits	Audit* (Y/N)

* Registration for Auditors begins after the add/drop period and is conducted solely on a space-available basis. For fee information, please consult the Tuition and Fees Schedule. Graduate auditors must be approved by the appropriate School.

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 understand that I am solely responsible for selecting the courses needed for my degree.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Payment must be made online at https://www.mville.edu/myaccount. For any questions regarding fees or payment, please contact the Office of Student Accounts at 914-323-5266.

RETURN COMPLETED FORM TO:
Manhattanville College Registrar's Office ♦ Reid 3rd Floor ♦ 914-323-5337 ♦ registrar@mville.edu

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