MCLA
MASSACHUSETTS COLLEGE OF LIBERAL ARTS

Matriculated Registration Form

Student ID: _____

Name: _____
Last *First* *MI*

Local Address: _____
Street and Number

_____
City *State* *Zip Code*

Phone: _____

Class: _____

Advisors: _____ _____

Major 1: _____ Major 2: _____

Conc. 1: _____ Conc. 1: _____

Conc. 2: _____ Conc. 2: _____

Minor 1: _____ Minor 2: _____

Course Reference Number (CRN)	Subject Abbreviation	Course Number	Section Number	Course Title	Credits	Dept. Approval (If Required)

I promise to pay all reasonable collection costs, including attorney fees and other charges necessary for the collection of any amount not paid when due.

_____ _____
Student Signature Date

☐ I do not want any personal data, directory or academic achievement (Dean's list, student achievement listings, etc.) information released to the public or college community. Failure to check this box will allow the Registrar's Office to release information for the aforementioned purposes.

_____ _____
Student Signature Date

For Office Use Only

Total Credits: _____

Registrar's Validation: _____

Date: _____

_____ _____
Advisor Signature Date

ALL INFORMATION ABOVE MUST BE COMPLETED TO BE PROCESSED