



MASSACHUSETTS COLLEGE OF LIBERAL ARTS

Matriculated Registration Form

<p>Student A#: _____</p> <p>Name: _____ <small>Last First MI</small></p> <p>Local Address: _____ <small>Street and Number</small></p> <p>_____ <small>City State Zip Code</small></p> <p>Phone: _____</p>		<p>Class: _____</p> <p>Advisors: _____</p> <p>Major 1: _____ Major 2: _____</p> <p>Conc. 1: _____ Conc. 1: _____</p> <p>Conc. 2: _____ Conc. 2: _____</p> <p>Minor 1: _____ Minor 2: _____</p>
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Course Reference Number (CRN)	Subject Abbreviation	Course Number	Section Number	Course Title	Credits	Dept. Approval (If Required)

<p>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.</p>	<input type="checkbox"/> 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.	<p style="text-align: right;">Total Credits: _____</p> <p style="text-align: right;"><i>For Office Use Only</i> Registrar's Validation: _____</p> <p style="text-align: right;">Date: _____</p>
<p>_____ Student Signature Date</p>	<p>_____ Student Signature Date</p>	<p>_____ Advisor Signature Date</p>

ALL INFORMATION ABOVE MUST BE COMPLETED TO BE PROCESSED

Effective 2015/2016 Academic Year