MANHATTAN COLLEGE

REGISTRAR

Special Session Registration Form-Undergraduate

Registering for: ❑ January Inter-session ❑ Summer I ❑ Summer II ❑ Summer III

Name: _____ Campus ID#:_____
First Middle Last

Address: _____ D.O.B._____/_____/_____

_____ Phone#:_____
City State Zip-code (In case of class cancellation)

Student Status: ❑ Manhattan College ❑ Non-Matriculated

CRN#	Course ID	Course#	Section#	Course Title	Credits

In case of cancellation, you must contact the Registrar's Office to arrange for a refund or to register for an alternate course.

_____ _____
Student signature Date

_____ _____
Academic Advisor signature Date

Student Financial Services Stamp

Important: After getting approval from your Advisor and making payment at the Student Financial Services, you must bring this form to the Registrars Office BEFORE CLASSES BEGIN.