

McDaniel College Graduate Registration Form

SS# (optional) _____ Name _____ Student ID _____

Street _____ City _____ State _____ ZIP _____

Home phone _____ Work phone _____ E-mail address _____

Registration for term: Fall Spring Summer Year _____ Check here if new address

Number of credits for which you wish to register this term: 1-5 6-9 more than 9 (need advisor's approval)

	Dept.	Course	Section	Credits	Course Title	Tuition
EXAMPLE	EDU	550	01	3.0	Introduction to Research Methodology	\$975
1.						
2.						
3.						
Alternates if the above classes are not available:					A1.	
					A2.	
					A3.	
Total:						

If you need an interpreter or transcriber, please complete the Accommodation Request form.

Students enrolled in an on-campus course will automatically be sent a parking permit and will be charged \$25/semester on their tuition account.

Payment

Check payment enclosed: Check # _____ Amount \$ _____

Charge my credit card: Amount \$ _____ Visa MasterCard Discover CVV 2 Security code (on back of credit card): _____

Account number (on card face) _____ Expiration date _____

Cardholder signature _____

My Maryland County School _____ will pay the balance of my bill.
county name

I will make full payment prior to the first day of class. I am registering on the first day of class. A \$35 late registration fee is enclosed.

Note: If you have not submitted a graduate application, this form will not be processed. Return completed form to the Registrar's Office, McDaniel College, 2 College Hill, Westminster, MD 21157, or fax to 410/857-2752, or register online at www.mcdaniel.edu/graduate.