Marist College
High School 1 Registration Form

Student Information

High School :		(For Office Use Only) CWID:	
Student SSN:	Term: Fall 20___		Spring 20__
Name:			DOB:
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:		
Email:			

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FOR OFFICE USE ONLY:

Course Registration

CRN # (for Office Use Only)	COURSE #	COURSE TITLE	CREDITS

Policy
- Full payment for the course is due at the time of registration
- Cost: $125 per credit (3 credit course = $375 / 4 credit course = $500)
- If you have any questions regarding registration please call the Academic Learning Center 845.575.3300

Disclaimer

Marist College cannot guarantee that a college other than Marist will accept credit earned for the Marist course you have chosen. Each institution has its own policy and requirements.

Student Signature:	Date:

For Office Use Only	
Processed By:	Date:

____ Recommendation

____ High School Transcript

____ Payment

Notes: