

Marist University

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:							

FOR OFFICE USE ONLY:

Course Registration

CRN # <small>(for Office Use Only)</small>	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 University 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:
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For Office Use Only	
Processed By:	Date:

- ___ Recommendation
- ___ High School Transcript
- ___ Payment

Notes: