

Registrar Use Only:

Processed by_

Non-Matriculating Student Registration Form

Name	st	First	Middle Initial
Social Security#	Date of Birth		
Current Mailing Address:	1		
Street			
City	State		Zip
Telephone	Email		
Emergency Contact Informa	ation		
Please indicate information be	elow for an emergency/missing p	erson contact:	
Name	Relationship F		Phone
Street	Apartment/Unit#		
City	State Zip_	Country (if ot	her than USA)
Please see the Academic Calendar in regards to the Add/Drop period. The Course Withdrawal/Refund Policy can be found in the Academic Catalog. This information is also available on www.emmanuel.edu. Registration Status			
Term	Course Name	Course Number	(Office Use Only)
College website. I re that I must contact the I understand that by can be viewed via the	e add/drop, withdrawal, and refucognize non-attendance or non- ne Office of the Registrar directly registering for the course(s) liste	participation does not constitute a in writing to change my registration and above I will be responsible for the stuition and fees should be directed	mic Catalog and on the Emmanuel drop or withdrawal from a course and on status. he cost of the course(s). Tuition costs d to the Office of Student Financial
		uel.edu/admissions-and-aid/tuition-a nuel.edu/academics/programs-of-stu	and-fees.html udy-and-departments/summer-term.html
			ending Emmanuel College. I understand ed to a collection agency if the balance
Required Signatures:			
Please include a handwritten sig	nature or signature using mouse or s	stylus. Typed signatures will not be ac	cepted

Date