

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:							

FOR OFFICE USE ONLY:

Course Registration

CRN # (For Office Use Only)	COURSE # Marist Office Use Only	COURSE TITLE	CREDITS

Student Signature:	Date:
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For Office Useonly

- _____ Recommendation
- _____ High School Transcript
- _____ Payment

Notes: