Registration Form Fall 2016

Return Registration Form to the Registrar's Office, by Fax: 312-922-4286 or by e-mail attachment to msilva@maccormac.edu

Date: ____________________________  Current Status: □ Current Student □ New Student □ Former Student

Name (The Student): ____________________________  Social Security No.: ____________________________

Address: ____________________________  City: ____________  State: ________  Zip: ______________

Phone Number: ______________  Cell Number: ______________  E-Mail: ____________________________

Ethnic Group:  □ American Indian/Alaskan Native  □ Asian  □ Black/African American  □ Hispanic/Latino
□ Native Hawaiian or Pacific Islander  □ White

Program: □ Business Administration  □ Court Reporting  □ Criminal Justice
□ Entrepreneurial Studies  □ Paralegal Studies  □ CART & Captioning  □ Undecided

I, the Student, would like to be registered for the following courses:

<table>
<thead>
<tr>
<th>Course Number</th>
<th>Course Title</th>
<th>Section</th>
<th>Time</th>
<th>Credit Hr.</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***Last day to ADD/DROP is September 14, 2016.***

Total Credits: __________

The student is responsible for meeting all the graduation requirements for the program. Students must officially drop or withdraw from class before the announced date(s).

Student Signature: ____________________________  Date: ____________________________

OFFICE USE

Program Director: □ Approved  □ Has Transfer Credit  □ Substitute/Waive Form needed

Program Director/Advisor Signature: ______________________________________________________

Registration Date: ____________________________  Registrar Reviewed: ____________________________