



Special Session Registration Form-Undergraduate

Registering	g for: 🗖 Jar	nuary Inter-se	ession \square	Summer I	□ Summer	II 🗖 Summo	er III		
Name:First Middle Last					_ Campus II)#:			
Address:					_ D.O.B	/	/		
City State Zip-code				4-	Phone#:(In case of class cancellation)				
C	пу	State	Zip-c	code		(III case of class c	ancenation)		
Student Status: Manhattan College Non-Matriculated									
CRN#	Course ID	Course#	Section#	Course Ti	tle		Credits		
In case of can alternate	•	you must con	itact the Reg	gistrar's Off	ice to arrange	for a refund o	or to register for		
Student signature				Date			Student Financial Services		
Academic Advisor signature				Date		_ \	- Stamp		

Important: After getting approval from your Advisor and making payment at the Student Financial Services, you must bring this form to the Registrars Office BEFORE CLASSES BEGIN.