

# Mount Aloysius College Registration Form

Fax to: (814) 886-2750

Mail to: Registrar's Office, 7373 Admiral Peary Highway, Cresson, PA 16630

**Non-matriculated students must submit payment with registration. Only degree seeking, matriculated students are eligible for Financial Aid.**

Date: _____		Status: <input type="checkbox"/> Diploma	
Semester: Please check appropriate box(es):		<input type="checkbox"/> Mount Aloysius Associate Degree Student    Major: _____ <input type="checkbox"/> Mount Aloysius Bachelor Degree Student    Major: _____ <input type="checkbox"/> Mount Aloysius Masters Degree Student    Major: _____ <input type="checkbox"/> Non-matriculated Student <input type="checkbox"/> Visiting Student from Another College/University	
<input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 3 <input type="checkbox"/> Summer 2 <input type="checkbox"/> Other _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female    Date of Birth: _____	
SSN: _____		Last Name: _____	
Address: _____		City: _____	
Home Phone: _____		State: _____	
E-Mail Address: _____		Business Phone: _____	
Maiden Name: _____		Zip: _____	
MI: _____		First Name: _____	

  

Course #	Section	Course Title	Days	Time	Credits	Cost/Credit	Sub-Total	Fee(s)	Total
ex. EN 110	C1	Rhetoric I	TR	6-9:30	3	\$\$\$	\$\$\$	\$\$\$	\$\$\$
Grand Total:									

  

Student's Signature: _____ Date: _____	Amount Paid: _____
<input type="checkbox"/> Check # _____ <input type="checkbox"/> Master Card <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> American Express <input type="checkbox"/> Cash _____    Card Number _____    Exp. Date _____ <input type="checkbox"/> Other _____	Controller's Initial _____ Date _____