



376 HALE STREET · BEVERLY, MASSACHUSETTS 01915

School of Graduate and Professional Studies

Telephone: (978) 232-2199 Fax: (978) 232-3000

REGISTRATION FORM

Please use a ballpoint pen and press firmly; you are making four copies.

SEMESTER _____ YEAR _____ Date _____ Social Security No. _____

Name _____ Male Female Date of birth _____

Street Address _____

City _____ State _____ Zip _____

Phone (home) _____ (work) _____ email _____

Occupation _____ Employer _____

Citizenship: U. S. Citizen Resident Alien Citizen of _____

Ethnic Origin (optional):

Non-Resident Alien Black, Non-Hispanic American Indian/Alaskan Native Other
 Asian/Pacific Islander Hispanic White, Non-Hispanic Explain _____

I am registering for: Credit Non-credit
 I am a new student. I have enrolled previously. Last date of attendance _____

I have been accepted (matriculated) into:

Certificate Program Undergraduate Degree Program Graduate Degree Program
 Accelerated Bachelor Program Accelerated Master's Program
 Cohort location _____ Cohort location _____
 Cohort start date _____ Cohort start date _____
 mo / yr mo / yr

In compliance with the Commonwealth of Massachusetts program of Universal Health Care, institutions of higher education are required by law to ensure that students registered for nine or more credits per semester are enrolled in a qualified health insurance plan. If you are registered for nine or more credits, you will be sent a health insurance enrollment/waiver form that you MUST complete and return. You must return the waiver indicating that you have alternative coverage or enroll in the plan offered through Endicott College. For more information, call the Bursar's Office at (978) 232-2035.

Endicott College does not discriminate on the basis of race, creed, national or ethnic origin, or disability in the administration of its education policies, admissions, scholarship and loan programs, employment, or any other rights, privileges or activities involving its students, faculty or staff. The School of Graduate and Professional Studies reserves the right to make changes affecting policies, courses, instructors or other changes deemed necessary.

Course #	Sect.	Course Title	Cr.	Day & Time	Course Fee
*Registration Fee (\$25) is applied once a semester to undergraduate courses.					Total Course Fees
**Late Registration/Late Payment Fee is assessed on registrations when appropriate.					*Registration Fee (\$25.00)
PAYMENT IS DUE AT TIME OF REGISTRATION.					**Late Fee (\$50.00)
Any outstanding tuition balance may be subject to a one percent interest charge per month.					Total Due

ALL FEES ARE DUE AT THE TIME OF REGISTRATION.

Date paid _____ Amount paid _____ Payment Method: Check Money Order MC/VISA/AMEX
 Card number _____ Expiration date _____
 Cardholder's name _____ Signature _____
 Cardholder's billing address _____

WITHDRAWAL/REFUND POLICY

Please refer to the Withdrawal/Refund Policy on the reverse side of this form.

I, _____ agree to adhere to the Withdrawal/Refund Policy at Endicott College.

Signature _____