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:			

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FOR OFFICE USE ONLY:

Course Registration

CRN # (For Office Use Only)	COURSE # You may choose any course you have chosen. Each institution has its own policy and requirements.										COURSE TITLE	CREDITS

Student Signature:	**Date:**

For Office Useenly

____ Recommendation

____ High School Transcript

____ Payment

Notes: