



Registration Form

Two College Circle | PO Box 411 | Bangor, ME 04402

Registration Steps

1. Complete form
2. Have advisor sign form
3. Submit to Registrar's Office

Semester _____ Year _____

Campus _____

Program _____

- Check one:
- New student
 - Current student (Attended previous semester)
 - Returning student
 - Semester last attended _____

Full Name _____ Anticipated Graduation Date _____

Mailing Address _____ Mid-Program Review Needed _____

_____ Social Security No _____ - _____ - _____

Phone (____) _____ E-mail Address _____

Please complete additional information only if it has changed since you last registered.

Permanent Address _____

Emergency Contact Person/Phone _____

Denominational Affiliation _____

Nature and Location of Ecclesiastical Standing (e.g. In-Care, Postulancy, Licensure, Diocese, Association):

Course Number	Course Name	Campus (Bgr/Ptl)	# Credits
Senior Integrative Experience <input type="checkbox"/> Project <input type="checkbox"/> Portfolio <input type="checkbox"/> Thesis			

Total Credits _____

Independent Study contracts must be approved and submitted before, or at the time of, registration.

Advisor's Signature Date

Student's Signature Date

Registrar's Signature Date