



MacCormac College

29 East Madison Street, Chicago, IL 60602 | www.MacCormac.edu | Tel: (312) 922-1884 | Fax: (312) 922-4286

Registration Form Spring 2018

Return Registration Form to the Registrar's Office, by Fax: 312-922-4286 or by e-mail attachment to msilva@maccormac.edu

Date: _____ Current Status: Current Student New Student Former Student

Name (The Student): _____ Social Security No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Number: _____ E-Mail: _____

Ethnic Group: American Indian/Alaskan Native Asian Black/African American Hispanic/Latino
 Native Hawaiian or Pacific Islander White

Program: Business Administration Court Reporting Criminal Justice Entrepreneurial Studies
 Online Business Administration Paralegal Studies CART & Captioning Undecided

I, the Student, would like to be registered for the following courses:

Course Number	Course Title	Section	Time	Credit Hr.	Days
		OA	OA		OA
		OA	OA		OA
		OA	OA		OA
		OA	OA		OA
		OA	OA		OA
		OA	OA		OA

Total Credits: _____

The student is responsible for meeting all the graduation requirements for the program. Students must officially drop or withdraw from class before the announced date(s).

Student Signature: _____ Date: _____

OFFICE USE

Program Director: Approved Has Transfer Credit Substitute/Waive Form needed

Program Director/Advisor Signature: _____

Registration Date: _____ Registrar Reviewed: _____