



# College of Notre Dame

OF MARYLAND

Registrar's Office  
4701 North Charles Street  
Baltimore, MD 21210  
Office: 410-532-5327  
Fax: 410-532-5789

YEAR & SEMESTER  
\_\_\_\_\_

## REGISTRATION FORM

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last First

Check if new address:

Address: \_\_\_\_\_  
Street/PO Box County of Residence  
City State Zip +4

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check one:  WOM  WEC  ACC  GRAD  MCT  
 PDI  CASE  COOP  Other \_\_\_\_\_

Demographic information is required and only used for statistical reports: Sex:  F  M Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

Ethnicity:  African American  Asian/Pacific Islander  Caucasian  Hispanic  Native American  Other

First Semester at any college:  Yes  No If no, most recent semester & year at Notre Dame \_\_\_\_\_

U.S. Citizen:  Yes  No if no, your country and U.S. Visa Status & No.: \_\_\_\_\_  
Country Visa Status / No.

Course ID & #	Section	<input checked="" type="checkbox"/> If Lab	<input checked="" type="checkbox"/> If Auditing	Course Title	Credit Hrs.
Sample: COM441	01			Mass Communication Law	3
<b>Alternate Course Options</b> *In the event that the above classes are full or cancelled, please list alternate choices.*					

Total \_\_\_\_\_

By my signature, I acknowledge my responsibility for payment of the tuition and fees generated by this registration. I have read and understand the College policies with respect to withdrawal and refunds (tuition and fees refunded at 100% for classes dropped prior to the starting date of a session, and 90% for a certain period of time) as published in the current Schedule of Classes Booklet. Tuition and related fees must be paid by the due date. A late fee of \$25.00 per month will be charged to accounts not paid by the subsequent due dates. If the account is referred for collection, I understand that I will be responsible for all costs and expenses of collections, including reasonable attorney fees and court costs. In order to drop a course, I understand that I must complete a drop/add form or withdrawal form and have it processed in the Registrar's Office. For purposes of tuition liability, the date of withdrawal is the date the form is processed in the Registrar's Office.

Academic Advisor's Signature/Date

Student's Signature/Date

Method of Payment: (Please include non-refundable registration/technology fee of \$125.00)

Cash Amount \$ \_\_\_\_\_  Check Amount \$ \_\_\_\_\_  Financial Aid  Veteran's Benefits  Tuition Remission

Charge:  Visa  MasterCard  Discover Amount \$ \_\_\_\_\_ Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

