

Mail or fax to:
 Registrar's Office
 4701 North Charles Street
 Baltimore, MD 21210
 Fax 410-532-5789



NOTRE DAME
 OF MARYLAND
 UNIVERSITY

YEAR & SEMESTER

REGISTRATION FORM

SS # or Student ID # _____ Name _____
Last *First*

Address _____
Street/PO Box *County of residence*

Home phone _____
City *State* *Zip code +4*

Work phone _____ Cell phone _____

E-mail _____ Emergency contact _____ Phone _____

Please check one: CAUS WOM GRAD MCT PDI CASE Other _____

Demographic information is required and only used for statistical reports: Sex: F M Date of Birth: ____ / ____ / ____

Ethnicity: Are you Hispanic/Latino Yes No Race: *(you can choose one or more categories)*

American Indian Asian Black or non-Hispanic Native Hawaiian or other Pacific Islander Other White

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

Course ID	Section	Lab	Auditing	Course title	Credit hrs.
<i>Sample: COM441</i>	<i>01</i>		<input checked="" type="checkbox"/>	<i>Mass Communication Law</i>	<i>3</i>

Alternate Course Options *In the event that the above classes are full or cancelled, please list alternative 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 University 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: MasterCard Visa Discover
 Amount: \$ _____ Account number _____ Expiration date _____

Copies: White: Registrar's Office Yellow: Business Office Pink: Director/Assistant Dean Goldenrod: Student