

E-Mail to:
 Registrar's Office
 registrar@ndm.edu



NOTRE DAME OF MARYLAND UNIVERSITY

YEAR & SEMESTER

REGISTRATION FORM

SS # or Student ID # _____ Name _____
Last First

Address _____
Street/PO Box City State Zip code +4

Home phone _____ 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.
Sample: COM441	01		✓	Mass Communication Law	3

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 start 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. 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 \$160.)

Cash Amount: \$ _____ Check Amount: \$ _____ Financial Aid Veteran's Benefits Tuition Remission
 Charge: MasterCard Visa Discover American Express Amount: \$ _____

Credit card number _____ - _____ - _____ - _____ Expiration Date ____/____ Card ID # ____
Month/Year (last 3 digits on back of card)

Credit card payments will include a 2.5% processing fee.

Check here if payment address is the same as listed above on form.

Address _____
Street/PO Box City State Zip code +4

Cardholder signature _____