



Innovation and Change at the Mount

Course Registration Form

Mount Saint Mary's University
School of Education and Human Services

Summer 2009

Name _____

Address _____

Are you currently enrolled in a graduate program at MSMU? _____ Yes _____ No

County _____

Social Security No. _____ Date of Birth _____

Employer _____ Email _____

Home Phone _____ Work Phone _____

Are you a full time Catholic School Teacher? _____ School's Name _____

Dept.	Course Number	Sect.	Course Title	Course meeting day(s)	Credit Hours

_____ Date _____

Signature of Student

Date

Please return this completed form to: Education Department
Mount Saint Mary's University
Emmitsburg, Maryland 21727

*Upon registration, Accounting and Finance will forward a statement regarding payment distribution