

**Mount St. Mary's University
 Division of Continuing Studies
 Accelerated and Weekend College Undergraduate Programs
 Registration Form**

Fall Spring Summer 200_____

Name _____ S.S. # _____

Address _____ Home Phone _____

_____ Work Phone _____

Employer _____ E-mail _____

Do you receive VA benefits? _____ Does your company reimburse? _____

Course Number & Section	Location (Frederick, CCC, etc.)	Course Title	Session I, II, III, IV	Day	Credit Hours

Course modules are available two weeks prior to the start of class at www.msmary.edu/modules.

I have read and agree to the refund policy stated in the Undergraduate Catalog, Non-Traditional Undergraduate Programs section.

 Signature Date

Estimated graduation date: May _____

Advisor's Signature _____

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