MERCY COLLEGE
OF HEALTH SCIENCES

Registration Form

Office Use Only
o F
o T
o C
o R

o Fall 20____ o Spring 20____ o Summer 20____ Anticipated Graduation Date _____

NAME

_____
Last Name First Name Middle Name

ADDRESS Is this address different from what you've previously given us? o Yes o No

_____
Number and Street City State Zip Code

(_____) _____
Home Phone: Area Code and Number

_____
Student ID # Date of Birth

Please **check** your program of study:

Academic Programs

- ❑ Allied Health Completion
- ❑ Clinical Laboratory Science
- ❑ Diagnostic Medical Sonography
- ❑ Paramedic/Emergency Medical Services
- ❑ Health Care Administration
- ❑ Health Science
- ❑ Medical Assisting
- ❑ Nursing (ASN)
- ❑ Nursing Completion (BSN)
- ❑ Physical Therapist Assistant
- ❑ Polysomnographic Technology
- ❑ Radiologic Technology
- ❑ Surgical Technology

General

- ❑ Guest
- ❑ Liberal Arts and Science
- ❑ Short-term Certificate

Course No.	Section No.	Course Name	Credit Hours	M	T	W	R	F	S
Example: ENG 101	01A	English Composition I	3	1-1:50p.m.		1-1:50p.m.		1-1:50p.m.	

Total Credit Hours _____

Are you applying for tuition reimbursement from your employer? o Yes o No Are you a Mercy Employee? o Yes o No Are you a Mercy Scholar? o Yes o No

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

Date Processed _____ Registrar's Signature _____

White - Registrar **Yellow** - Business Office **Pink** - Financial Aid **Gold** - Student

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