

**CHESTNUT HILL COLLEGE
REGISTRATION FORM**

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

LOCAL ADDRESS(IF DIFFERENT): _____

CITY: _____ STATE: _____ ZIP: _____

SOCIAL SECURITY #: _____ - _____ - _____ DATE OF BIRTH: _____

STUDENT TYPE (CIRCLE 1):

TRAD CED DIOC SEN/CIT LSAL SPE/CED GRAD PSY.D.

HOME PHONE: _____ WORK OR CELL PHONE: _____

EMAIL: _____ DORMITORY/ROOM #: _____

STATE/COUNTRY OF BIRTH: _____ CITIZENSHIP: _____

RACE: _____ SEX: _____ RELIGION: _____

VETERAN: YES NO MARITAL STATUS: _____

MATRIC/NONMATRIC: _____

DEGREE SOUGHT: _____

MAJOR 1: _____

MAJOR 2: _____

STUDENT LEVEL (CIRCLE 1):

FR SO JR SR UN ED/CT CT PM MT NM

CERTIFICATE/CERTIFICATION: _____

EXPECTED GRAD: _____

DISCOUNT: _____ PREV. ATTENDED CHC (YES/NO): _____

LAST SEMESTER ATTENDED: _____ DIVISION?: _____

FULL-TIME TEACHER (YES/NO): _____ SCHOOL: _____

CHILD CARE (YES/NO): _____

TODAY'S DATE: ___/___/___

STUDENT ID#: _____

REGISTRATION FOR _____ SEMESTER

DEPT. ABBREV.: COURSE #: SECTION: LAB: CREDITS: DAYS: TIMES:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

ADVISOR'S SIGNATURE

STUDENT'S SIGNATURE