Morrisville State College
Lifelong Learning Scheduling Form

PLEASE PRINT

Name: _____ _____ □ Female _____
Last First Middle Social Security Number □ Male Date of Birth

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Home Phone: _____ E-mail: _____

Ethnic Data (optional): □ White □ Black □ Hispanic □ Asian/Pacific Isle □ Indian/Alaskan Native □ Non-resident Alien

For those under 21 years of age – please PRINT the name and address of parent/guardian:

_____

_____

Please PRINT name and address of high school attended: _____

_____ Year graduated: _____ Or GED received: _____

Do you plan to earn a degree from Morrisville? □ Yes □ No

Major Name: _____ Major Code: _____ Expected Graduation Date (mo/yr): _____

Last Date attended Morrisville State: _____

Other College(s) attended: _____

Have you ever been convicted of a felony ____Yes ____ No

Have you ever been dismissed and/or suspended from a college for disciplinary reasons? ____ Yes ____ No

Semester Class (es) Fall 20____ Spring 20____ Summer 20____

Subject	Number	Section	Title	CRN	Credits
ENGL	*101*	*01*	*Language and Composition*	*12345*	*3*

I understand that all academic and financial responsibilities must be met by the beginning of this semester. I also understand that my signature is binding and I must make any changes using the proper procedures and forms of this institution. Failure to do so may result in academic and/or financial liability and/or penalty.
My signature indicates that I have read, understand and agree to abide by the above terms.

_____ _____
Signature Date

For Office Use Only

Tuition	
Fees	
Total	
Paid	
Balance Due	