

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** ____ **Winter 20** ____

Subject	Number	Section	Title	CRN	Credits
<i>Ex: ENGL</i>	<i>101</i>	<i>01</i>	<i>Language and Composition</i>	<i>12345</i>	<i>3</i>

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	

