MANHATTAN COLLEGE

Manhattan College Parkway
Riverdale, NY 10471-4098
(718) 862-7914 fax (718) 862-7457

Office of the Registrar

Name_____ Campus ID #_____
(First, Middle, Last)

Program of Study:
☐ Arts
☐ Business
☐ Education
☐ Engineering
☐ Science

Major:
1._____
2._____

Minor:
1._____
2._____

Status:
☐ FR
☐ SO
☐ JR
☐ SR
☐ Non-Mat

Semester:
☐ Fall _____
☐ Spring _____

Expected Graduation:
_____
(Month & Year)

Required Courses

CRN	Dept	Crs #	Sec	Title	Cr

Total Credits: _____

Alternate Courses

CRN	Dept	Crs #	Sec

CRN	Dept	Crs #	Sec

I UNDERSTAND THAT THIS RECOMMENDED SCHEDULE WILL KEEP ME ON TRACK TOWARDS MEETING THE DEGREE REQUIREMENTS FOR MY PROGRAM OF STUDY. I ALSO UNDERSTAND THAT MY FAILURE TO REGISTER FOR THESE COURSES MAY RESULT IN:

DELAYED GRADUATION
THE NEED TO REGISTER FOR SOME OR ALL OF THESE COURSES AT A LATER DATE
ADDITIONAL EXPENSES FOR CREDITS BEYOND REGULAR LIMITS
OTHER CONSEQUENCES

_____ _____
(Student Signature (Date)

Advisor _____ Date _____

Advisor _____ Date _____

FOR USE ONLY BY DEPARTMENT CHAIR Course _____

Chair _____ Date _____