



MCPHS University
Registrar's Office

Non-Degree Student Registration Form

Name (First, Middle Initial, Last): _____

Student ID # _____ **Date:** _____

Local Address: _____

Phone Number: _____ **Email** _____

Semester: _____

Course/Section Number	Course Title	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Students Signature

For Office Use Only

Processed by Student Financial Services: _____ Registrar's Office: _____