

Wintersession 2009 Registration Form

REGISTRATION DEADLINE IS DECEMBER 17th

→ _____
Date Social Security/ID Number Sex: F M

Last Name First Middle

Address

E-mail Address

City State Zip

Telephone

If employed, name of employer

City of employer State Zip

Work Telephone

If this is a new home address, please check here

Housing is only available to current Merrimack resident students. Registration deadline for students seeking housing is December 5th. Are you requesting housing? _____

COURSE

Department and Course # Title of Course Credits

Yes, I have met the pre requisites for the course(s) I am registering for.

PAYMENT

\$275 per credit hour

Enclosed please find my check or money order for \$ _____ (Please make payable to Merrimack College).

Payment by credit card or e-check may be made through Tuition Management Systems (TMS) on the web through your MyMack account or at www.afford.com or by calling TMS at 800-722-4867. A non-refundable convenience fee will be charged to the cardholder for this service. Your registration will not be processed until payment is received.

Refunds:

Full refund before class begins

50% after first class meeting

No refund after second-class meeting

STATUS

Please check only statements that apply.

First enrollment at Merrimack **Yes or No**

If first enrollment, date of birth _____

Visiting Student name of College _____

Current evening student at Merrimack **Yes or No**

Current day student at Merrimack **Yes or No**

Previous evening student at Merrimack **Yes or No**

Previous day student at Merrimack **Yes or No**

Transferring credits back to your home college please fill out the information below:

Please mail my transcript to:

Signature _____

Date _____

MAIL

Please return this form with your payment to:
The Office of Continuing Education
Merrimack College Box 04
315 Turnpike Street, North Andover, MA 01845

Fax: 978-837-5226

Phone: 978-837-5202