Quincy College Registration Form

Quincy College Use:		_		ertificate See	king) St	udents	s Only	7	
			h all transactions ge financial aid stu	Idents must register f	or classes on	line at www	w.quincyc	ollege.edu	
ate	Student Information	First Name		Middle Name	Middle Name		Last Name		
	Permanent Mailing	Number	Street/PO Box				Apartment Number		
Quincy Campus: ncy College strar's Office		City		State	Zip		Country		
50 Hancock Street uincy Center, MA 02169 one: 617-984-1650 c: 617-984-1794 gistrar@quincycollege.edu	Contact Information	Email Address			XXX-XX	Social Securit	y Number (la	ast 4 digits only, optio	
		() Home Phone		Cell P	Cell Phone				
rlymouth Campus: cy College trar's Office		() Emergency Con	itact Phone	Name	:		Relations	ship to Student	
ordage Park Circle #228 outh, MA 02360	Course	-	ay we send text messages about Quincy College to your cell phone?						
none: 617-984-1707 x: 508-747-8169 gistrar@quincycollege.edu	Information	Course #	Course title	degree seeking stader	Day(s)	Time	23 101 COUI	Tuition*	
					_				
					_				
					_				
	Course Pricing	(see tuition in	nformation)*			Cost	\$		
			Registration Fee	(\$120 per semester)			\$		
			Technology Fee	(\$3 9 per credit)**					
			Student ID (one	-time fee, \$30)			\$		
	** TL . D			e (\$195 per credit)		T	\$		
	** The Physical Therapy Assistant program is exclud			xciuaea įrom triis jee		Total	>		
		Advisor's Signature of Approval							
strar staff lere									
	Payment Information	☐ Check ☐ Visa ☐ American Express ☐ MasterCard ☐ Dis							
	Charge Card Authorization	Card Number Expiration Date							
		CVV2 (Card Verification Value 2—the 3 or 4 digit number on the back of the card)							
		Name on Card							

Signature