

Quincy College Registration Form

Quincy College Use:ID #
_____Date
_____**For Quincy Campus:**

Quincy College
Registrar's Office
1250 Hancock Street
Quincy Center, MA 02169
phone: 617-984-1650
fax: 617-984-1794
registrar@quincycollege.edu

For Plymouth Campus:

Quincy College
Registrar's Office
36 Cordage Park Circle
Plymouth, MA 02360
phone: 617-984-1650
fax: 508-747-8169
registrar@quincycollege.edu

Matriculating (Degree/Certificate Seeking) Students Only

A photo ID is required with all transactions.**All returning Quincy College financial aid students must register for classes online at www.quincycollege.edu****Student Information**

First Name _____

Middle Name _____

Last Name _____

Permanent Mailing

Number _____

Street/PO Box _____

Apartment Number _____

City _____

State _____

Zip _____

Country _____

Contact Information

Email Address _____

XXX-XX- _____

Social Security Number (last 4 digits only, optional) _____

() _____

Home Phone _____

() _____

Cell Phone _____

() _____

Emergency Contact Phone _____

Name _____

Relationship to Student _____

Course Information

Course # _____

Course title _____

Day(s) _____

Time _____

Tuition* _____

Course Pricing (see tuition information)*

Cost \$ _____

Registration Fee (\$120 per semester)

\$ _____

Technology Fee (\$45 per credit)**

\$ _____

Student ID (one-time fee, \$30)

\$ _____

Non-resident fee (\$195 per credit)

\$ _____

**** The Physical Therapist Assistant program is excluded from this fee**

Total \$ _____

Advisor's Signature of Approval _____

**Registrar staff
cut here****Payment Information**☐ Check ☐ Visa ☐ American Express ☐ MasterCard ☐ Discover**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 _____