Quincy College Registration Form

Quincy College Use:	Non-Ma	itriculati	ng (Non-Deg	ree/Certi	ricate Se	eking)	Stud	ents Only
ID#	A photo ID is required with all transactions. Returning Quincy College students: You may also register online at www.quincycollege.edu							
Date	Student Information	First Name Middle Name			Last Name			
	Permanent							
	Mailing	Number	Street/PO Box				Apartment	Number
or Quincy Campus: uincy College egistrar's Office		City		State	Zip		Country	
250 Hancock Street uincy Center, MA 02169 none: 617-984-1650 x: 617-984-1794 gistrar@quincycollege.edu	Contact Information	Email Address		XXX-XXSocial Security Number (last 4 digits only, optional)				
		() Home Phone		(Cell Ph)			
		()						
uincy College egistrar's Office 6 Cordage Park Circle		Emergency Cont May we send	act Phone text messages about	Name		one? \square $\forall a$		ip to Student
ite #228 ymouth, MA 02360	Dama amankia				o your cen pii	one. B	.5 🗀 🕠	O
hone: 617-984-1707 x: 508-747-8169 egistrar@quincycollege.edu	Demographic Information	Date of Birth	_/ (Month/Day/Ye	ar)		GF	ED: □ Yes	
		High School Nan	ne				.D. 🗖 103	•
		Study Plan at Quincy College:						
	Ethnic Group (optional)	Are you of Hispanic or Latino descent?						
	Course	Course #	Course title		Day(s)	Time		Tuition
								-
	Course Pricing	(see tuition in	formation)			Cost	\$	
			Registration Fee (\$12	0 per semester)			\$	
			Technology Fee (\$39	per credit)**			\$	
			Student ID (one-time	e fee, \$30)			\$	
			Non-resident fee (\$1	95 per credit)			\$	
egistrar staff ut here	** The Physic	al Therapy Assist	ant program is excluded fro	m this fee		Total	\$	
-	Payment Information	☐ Check ☐	J Visa 🔲 American E	xpress	erCard 🗖 D	iscover		
	Charge Card							
	Authorization	Card Number			Expiration [Date		
		CVV2 (Card Ver	ification Value 2—the 3 or 4	1 digit number on the	back of the card)		
		Name on Card						

Signature