

# 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](mailto: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](mailto:registrar@quincycollege.edu)

## Non-Matriculating (Non-Degree/Certificate Seeking) Students Only

**A photo ID is required with all transactions.**

Returning Quincy College students: You may also register online at [www.quincycollege.edu](http://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

**May we send text messages about Quincy College to your cell phone?** ☐ Yes ☐ No

### Demographic Information

\_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

Date of Birth

High School Name

GED: ☐ Yes

Study Plan at Quincy College: ☐ Enrichment ☐ Work Related ☐ Transfer

**If not a US citizen, you must submit a copy of a valid I-20 or green card.**

Country of citizenship

### Ethnic Group (optional)

Are you of Hispanic or Latino descent? ☐ Yes ☐ No

What is your race? Please check all that apply.

☐ White ☐ Native Hawaiian or other Pacific Islander ☐ Black or African American

☐ American Indian or Alaska Native ☐ Asian ☐ Other, please specify: \_\_\_\_\_

### Course

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)

\$ \_\_\_\_\_

Total

\$ \_\_\_\_\_

Registrar staff  
cut here



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

### 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