

DCE Registration Form Academic Year 2009-2010

→ _____
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

Circle Term in which you are registering:

Sept. Oct. Jan. Mar.

COURSES

Department and Course # Title of Course Credits

I have met the pre requisites for the course(s) I am registering for **Yes No**

PAYMENT

Undergraduate Tuition:

\$260 per credit hour
\$275 per credit hour for online and hybrid courses

Audit fee: (no credit, no grade, \$130. per audited hour)

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

Comprehensive Fee: (Cumulative per semester)

1 to 8 credit hours	\$31.25
9 to 16 credit hours	\$62.50
17 to 23 credit hours	\$93.75
24 or more credit hours	\$125.00

A lab fee may be required for certain classes, see course descriptions for more information.

Payment may be made by credit card through Tuition Management Systems (TMS) on the Web through your MARS account number under student statement 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.

*Employer Tuition Reimbursement Plan. 25% Tuition Deposit (Available for evening matriculated students only.)

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**

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

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

Graduate of Merrimack. Degree
_____ Year _____

MAIL

Please return this form with your payment to:
The Office of the Registrar
Merrimack College
315 Turnpike Street, North Andover, MA 01845
Fax 978-837-5054 Phone: 978-837-5320