



Office of the Registrar

# MISERICORDIA UNIVERSITY

## REGISTRATION FORM

GRADUATE EDUCATION  
PROFESSIONAL DEVELOPMENT CENTER

Please print or type

Name *Last* *First* *Middle*

Have you previously taken classes at Misericordia?  Yes  No If you have checked "yes", go directly to Registration section (unless you have changes).

Telephone *Home (include area code)* *Cell (include area code)* *Work (include area code)*

Preferred E-mail

Address *Street* *City* *State* *Zip*

Employer (if applicable)

### REGISTRATION

Semester \_\_\_\_\_ Year \_\_\_\_\_

Course	Number	Section	Start Date	End Date	Credits*

\*A student enrolled in these courses will receive three (3) graduate credits (not transferrable toward a master's degree) and Act 48 credits.

**Important Note for Students:** If you are considering an academic program that leads to a professional license in a state other than Pennsylvania, it is highly recommended you contact the appropriate licensing agency before beginning your academic program to determine requirements. To seek additional information and guidance on state licensure requirements before starting a program inside of Pennsylvania go to: <https://www.careeronestop.org/Toolkit/Training/find-licenses.aspx>

I agree to meet all requirements and obligations (both academic and financial) which result from this registration and understand that it is my responsibility to notify the University in the appropriate fashion if I wish to discontinue enrollment.

My signature also acknowledges that I have read and understand the statement regarding professional licensure.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_