ST. THOMAS AQUINAS COLLEGE
125 Route 340, Sparkill New York 10976-1050 • 845-398-4300 • www.stac.edu

## Office of the Registrar

# GRADUATE REGISTRATION FORM

**PLEASE PRINT**

**Check One:**

☐ Fall ☐ Spring ☐ Summer ☐ Winter Year _____

☐ Matriculated ☐ Non-Matriculated

Is this your first course taken at STAC? ☐ Yes ☐ No

Student ID Number _____ Date of Birth _____/_____/_____

Name: _____
Last First M.I.

Home Address _____

City _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Cell Phone _____ Email Address _____

☐ Male ☐ Female

**Program Enrolled: Check one**

**MBA** ☐ General ☐ Finance ☐ Management ☐ Marketing

**MST** ☐ Childhood Education, Grades 1-6 ☐ Childhood & Special Education, Grades 1-6
☐ Adolescence Education, Grades 7-12

**MSEd** ☐ Educational Leadership ☐ Literacy (Birth-Grade 6)
☐ Literacy (Grades 5-12) ☐ Special Education Grades 1-6
☐ Special Education Grades 7-12

**Post Masters Professional Certificate:**

☐ Literacy ☐ Special Education

| CRN | | | | | COURSE | COURSE TITLE |
|---|---|---|---|---|---|---|
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| | | | | | | |
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| | | | | | | |

Student's Signature_____Date:_____

Advisor's Signature_____Date:_____

**OFFICE USE ONLY**

WHITE — REGISTRAR PINK — STUDENT YELLOW — GRADUATE OFFICE UMSTAC 112.1M.06/09