



# Northern Marianas College

## Office of Admissions & Records

Questions?- contact us at:  
add.drop@marianas.edu  
Ph: (670) 237-6771

# REGISTRATION FORM

### (FOR OAR USE ONLY)

- NON-RES     RESIDENT     GEPDAP     SENIOR CITIZEN  
 Regular Reg.     Early Reg.     Late Reg.     MOA/MOU

Verified By: \_\_\_\_\_ Date \_\_\_\_\_

Today's Date \_\_\_\_\_

Semester/Year

- Fall     Intercession     Spring     Summer

### NMC CAMPUS:

- Saipan (OnCampus)     Tinian (On-Site)     Rota (On-Site)

**Please note that the confirmation of the classes that you have listed on this form is not guaranteed until you receive notification from the Office of Admission and Records**

**Enrollment Status** (Check one)  Regular     Early Admissions/ 2+2     NMA     Special Admissions     Non-Degree

Credit by Examination     Independent Study     Audit

_____	_____	_____	_____
Student ID Number	Date of Birth	E-mail Address	Contact Phone Number
_____	_____	_____	_____
Last Name	First Name	Middle Name	Former Name(s)
_____	_____	_____	_____
Current Mailing Address	City	State	Zipcode

### REGISTRATION OPTION 1 (Please complete this portion for course(s) you wish to add)

Course #	Section	Course Name	Credits	Advisor's Signature (or attached approval email)	Instructor's Signature (or attached approval email) ( IF REQUIRED )	Dean's Signature (or attached approval email) ( IF REQUIRED )
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

### REGISTRATION OPTION 2

(Please complete this portion for alternate course(s) you wish to add in the event course(s) listed in Option 1 are closed/cancelled)

Course #	Section	Course Name	Credits	Advisor's Signature (or attached approval email)	Instructor's Signature (or attached approval email) ( IF REQUIRED )	Dean's Signature (or attached approval email) ( IF REQUIRED )
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

**(For OAR Use)** Processed By: \_\_\_\_\_    **(For FAO Use)** Processed By: \_\_\_\_\_    **(For Finance Office Use)** Processed By: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_     Pell Grant: \$ \_\_\_\_\_     Other: \$ \_\_\_\_\_    Receipt #: \_\_\_\_\_ Date \_\_\_\_\_

I understand that by submitting this form, I am responsible for this bill unless classes are dropped in accordance with Tuition Refund Policy.

\_\_\_\_\_  
Student Signature of email from student (NMC Student email address only)

**Send Completed Form To:  
add.drop@marianas.edu**