MACC
MEXICAN AMERICAN CATHOLIC COLLEGE

3115 W. Ashby Place or P.O. Box 28185
San Antonio, Texas 78228-5104 U.S.A.
Phone: (210) 732-2156 ext. 7102 and 7110
Fax: (210) 736-2963; Lada sin costo: (866) 893-6222
Email: registrar@maccsa.org; www.maccsa.org

REGISTRATION FORM

Semester _____
Academic Year _____

PERSONAL INFORMATION (Please type or print in black ink)

Check one: Undergraduate Program _____ Undergraduate Credit _____ Graduate Program _____ Graduate Credit _____
Non-degree Program _____ Audit _____

Name: _____
Last (family) Title First Middle Initial

Address: _____
Number and Street City State Zip

Home # _____-_____-_____ Cell / Work _____-_____-_____ Email address _____

Date of Birth: _____/_____/_____ Student ID Number_____--_____
MM / DD / YYYY

Degree Program and Major/ Concentration _____ Minor(s)_____

Register me for the following courses at MACC:

Course Letters	Course Numbers	Course Title	Professor's Name	Credit Hours

Credit ☐ *Audit* ☐ _____

Credit ☐ *Audit* ☐ _____

Credit ☐ *Audit* ☐ _____

Credit ☐ *Audit* ☐ _____

Credit ☐ *Audit* ☐ _____

Credit ☐ *Audit* ☐ _____

Please list here any courses you are taking at other institutions this semester that you intend to apply toward your MACC degree. This list is informational only. You must register for the course(s) at THAT school. You must also request from that school an official transcript be sent to MACC at the end of the semester.

School	Course Letters & Course Numbers	Course Title	Credit Hours

_____

_____

_____

By my signature on this registration form, I have made a commitment to attend MACC. If there is a change in my plans, I will notify the MACC Registrar, either by the Registration Change Form available on the MACC website, or in writing.

_____ _____
Student signature Date

_____ _____
Signature of Academic Advisor (if applicable) Date