



3115 West Ashby Place San Antonio TX 78228-5104  
 Phone (210) 732-2156, Ext. 7102; Toll Free: (866) 893-6222  
 Fax (210) 736-2963; Email: [registrar@maccsa.org](mailto:registrar@maccsa.org); [www.maccsa.org](http://www.maccsa.org)

## REGISTRATION FORM

**PERSONAL INFORMATION. Please type or print in black ink.**

Check one (if applicable): Freshman\_\_\_\_ Sophomore\_\_\_\_ Junior\_\_\_\_ Senior\_\_\_\_ Graduate\_\_\_\_  
 Check one Degree\_\_\_\_ Non-degree\_\_\_\_ Credit\_\_\_\_ Audit\_\_\_\_

**Name:** \_\_\_\_\_  
Last (family) Title First Middle Initial Community (Preferred Name)

**Address:** \_\_\_\_\_  
Number and Street City State Zip

**Home #** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Cell / Work #** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **Email address** \_\_\_\_\_

**Current Mailing Address (if different from above):** \_\_\_\_\_  
Number and Street City State Zip

**Billing Address:** \_\_\_\_\_ **Contact Person/Position** \_\_\_\_\_  
No. and Street City State Zip

**Date of Birth:** \_\_\_\_\_ **Social Security Number** \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ **MACC Number** \_\_\_\_ -- \_\_\_\_  
MM/DD/YYYY (optional)

**Tax-Exempt ID # (if applicable)** \_\_\_\_\_ **Applying for scholarship?**  Yes  No If yes, see the MACC website.

**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

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 that an official transcript be sent to MACC from that school 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**

Office use: date & initial: sent to \_\_\_\_Finance Office pd \$\_\_\_\_ cash check \_\_\_\_Housing \_\_\_\_Lang. \_\_\_\_Pastoral 10/19/09