



Office of the Registrar  
 Administration Building, Room 118  
 263 Alden Street, Springfield, MA 01109  
 Tel: 413-748-3530 Email: [registrar@springfield.edu](mailto:registrar@springfield.edu)

# GRAD Non-Matriculated Registration Request Form

Individuals interested in taking non-matriculated coursework at the graduate level must submit this completed form and an official transcript reflecting conferral of a Bachelor's level (or higher) degree program from a regionally-accredited institution to the for consideration. The transcript(s) must also reflect completion of any prerequisite coursework, when applicable. Current and upcoming courses offerings can be reviewed using the Search Courses link at the bottom of the Registrar's Office page on the Springfield College external website (<https://springfield.edu/registrar>).

Applicant Information		
Last Name:	First Name:	Middle Initial:
Address (Street Address, City, State, Zip):		
Phone Number:	Email Address:	
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	*Social Security #: - -	Date of Birth:
Military Status: Active Military <input type="checkbox"/> Veteran <input type="checkbox"/> Neither <input type="checkbox"/>	Discharge Date:	
Are you a Citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	<small>*An accurate Social Security Number is required for the purpose of reporting per section 6050S of the Internal Revenue Code as enacted by the Taxpayer Relief Act of 1997.</small>	
Previous Education		
Undergraduate Degree Institution:		
Degree:	Degree Date:	Major:
Other Institutions Attended (List name, dates of attendance, and any degrees earned for each previously attended institution):		
Registration Request Details		
Are you taking this course to fulfill an external requirement? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what type of requirement? Degree <input type="checkbox"/> License/Cert <input type="checkbox"/>	If yes, in what area?	
Do you intend to apply to a grad program at SC? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, in what program?	
Do you need a supervised practicum? Yes <input type="checkbox"/> No <input type="checkbox"/>	Semester of Enrollment Request:	
SC Course Request 1 (Prefix, Course/Section Number & Title):		
SC Course Request 2 (Prefix, Course/Section Number & Title):		
Disclaimer and Signature		
My signature below testifies that all information given above is correct and that I understand falsification of any information on this form may make me ineligible for registration, admission, or subject to later separation if enrollment is affected. I also understand that I am subject to all the regulations of the College as a non-matriculated student, including that only 12 credit hours can be taken as a non-matriculated student prior to admission to graduate study. Furthermore, I am also aware that approval for registration as a non-matriculated student does not imply acceptance into a graduate degree program and that I am not eligible for federal financial aid under this status.		
Applicant Signature:	Date:	

**COMPLETED FORMS SHOULD BE SUBMITTED TO REGISTRAR'S OFFICE**  
**A decision notice will be provided via email once the request has been reviewed.**