

Office of the Registrar

Administration Building, Room 118
263 Alden Street, Springfield, MA 01109
Tel: 413-748-3530 Email: registrar@springfield.edu

UNDG Non-Matriculated Registration Request Form

Individuals interested in taking non-matriculated coursework at the undergraduate level must submit this completed form and either an official transcript showing high school completion/equivalent (GED, HiSET, TASC, etc.) or a college transcript from their most recently attended institution 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 Nar		ne:			Middle Initial:		
Address (Street Address, City, State, Zip):							
Phone Number:		Email Address:					
Gender: M □ F □ *Social Security #:	: M □ F □ *Social Security #: -			Date o	f Birth:		
Military Status: Active Military □ Veteran □ Neith				Discha	irge Date:		
Are you a Citizen of the United States? YES \(\simeg \) NO \(\simeg \)			*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.				
Previous Education							
High School Credential Earned: HS Diploma □ GED □ HiSET □ TASC □ None □							
High School/Equivalent Name:							
High School/Equivalent Address (Street Address, City, State, Zip):							
Dates of Attendance: to Date Credential Earned:							
Other Colleges/Universities Attended (List Any/All):							
Registration Request Details							
Do you intend to later matriculate at Springfield College? Yes □ No □ Possibly □							
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 prothis form may make me ineligible for registration, a understand that I am subject to all the regulations of the Undergraduate Non-Matriculated Registration for registration and advising purposes while disclothe Registrar and/or Director of Academic Advising	admission, of the Colle Guide and sure of any	or subject ege as a n understar informati	to later sep on-matricul nd that this on for othe	paration if enro lated student. form and all su r official purpos ederal financial	ollment is affected. I also Furthermore, I have reviewed upporting credentials will be used ses will be at the discretion of		
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.

Internal Use Only	Processed Ry (Initials):	Date:	Last Revised: 12/7/2023 M