

MAGIS HONORS PROGRAM IN STEM REGISTRATION FORM

REGIST-T

Please process one registration form. Print clearly and use black ink (no pencil).

Royal ID	Name		
Effective Term / Year Fall Spring Year: _____	Cell Phone #		
Major(s)	Minor(s)	Email @scranton.edu	
Course Type (check one) Project I – Course #487S, 3 Credits Project II – Course #489S, 3 Credits	Subject Code RI 3URMHFW DQG 6XEMHFW 1XPEHU RI & R X U V		
Title (maximum 30 characters including spaces)			

Curriculum Application (check all that apply)

	Recommended	Not Recommended	Date
Mentor, Add Mentor RID: R _____			
Chairperson/Program Director of Dept. Granting Credit			
Director, MAGIS Program			
Dean of Student's College			
*HQHUDO (GXFDWLRQ & RRUQLQDWRU	\$SSURYDO LI	*(DWWULEXWH	LV VRXJKW
For ORAS Use Only			
Term Code	CRN	Date Processed	
Degree Audit Adjustment	Initials		

Return the completed form to the Office of the Registrar and Academic Services, O'Hara Hall.