

# MAGIS HONORS PROGRAM IN STEM REGISTRATION FORM

REGIST-T

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

Royal ID	Name		
Effective Term / Year <input type="checkbox"/> Fall <input type="checkbox"/> Spring Year: _____	Cell Phone #		
Major(s)	Minor(s)	Email  @scranton.edu	
Course Type (check one) <input type="checkbox"/> Project I – Course #487S, 3 Credits <input type="checkbox"/> Project II – Course #489S, 3 Credits	Subject Code of Project and Subject/Number of Course Replacement, if applicable		
Title (maximum 30 characters including spaces)			
Curriculum Application ( <i>check all that apply</i> ):			
<input type="checkbox"/> Major 1	<input type="checkbox"/> (CA) Hum/Culture: Arts	<input type="checkbox"/> (P) Philosophy - T/RS	
<input type="checkbox"/> Major 2	<input type="checkbox"/> (CH) Hum/Culture: History	<input type="checkbox"/> (Q) Quantitative Reasoning	
<input type="checkbox"/> Cognate	<input type="checkbox"/> (CF) Hum/Culture: Language	<input type="checkbox"/> (S) Social Behavioral Sciences	
<input type="checkbox"/> Minor	<input type="checkbox"/> (CL) Hum/Culture: Literature	<input type="checkbox"/> (D) Diversity	
<input type="checkbox"/> Concentration	<input type="checkbox"/> (E) Natural Sciences		
<input type="checkbox"/> Free elective			
<input type="checkbox"/> EPW			
Mentor Name		Mentor Dept.	
Student Signature		Date	
Approvers Sign in Appropriate Box	Recommended	Not Recommended	Date
Mentor; Add Mentor RID: R _____			
Chairperson/Program Director of Dept. Granting Credit			
Director, MAGIS Program			
Dean of Student's College			
Remarks			
<b>For ORAS Use Only</b>			
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.**