### Registration Assistance

<table>
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<th>First:</th>
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- Are you planning on taking a reduced course load of classes?  
  - ☐ YES  
  - ☐ NO

- Are you planning on participating in a NCAA sport?  
  - ☐ YES  
  - ☐ NO  
  Which sport? _____________________

- What is your intended major? ____________________________  
  - ☐ Undecided

- What types of classes did you **enjoy** in High School?  
  - ☐ History  
  - ☐ English  
  - ☐ Art  
  - ☐ Social Science  
  - ☐ Business  
  Others: ____________________________________________________________________________________

  Why did you enjoy these classes? ______________________________________________________________
  ___________________________________________________________________________________________
  ___________________________________________________________________________________________
  ___________________________________________________________________________________________

- What types of classes did you **not like** in High School?  
  - ☐ History  
  - ☐ English  
  - ☐ Art  
  - ☐ Social Science  
  - ☐ Business  
  Others: ____________________________________________________________________________________

  Why did you dislike these classes? ______________________________________________________________
  ___________________________________________________________________________________________
  ___________________________________________________________________________________________
  ___________________________________________________________________________________________
  ___________________________________________________________________________________________

### Foreign Language:

- Did you take a Foreign Language in High School?  
  - ☐ YES  
  - ☐ NO

- Language taken in High School: ____________________________

- Number of Years: ____________

- Were you successful taking this language?  
  - ☐ YES  
  - ☐ NO

- Explain: __________________________________________________________________________________
  ___________________________________________________________________________________________
  ___________________________________________________________________________________________

- Do you plan on continuing with this language at Mount St. Mary’s?  
  - ☐ YES  
  - ☐ NO

  If NO, what language are you planning on taking? _____________________________________________

- Do you plan to request a Foreign Language Substitution?  
  - ☐ YES  
  - ☐ NO

  If YES, please complete the **Academic Substitution Request** to determine eligibility for this option.
Mobility and Classroom Accessibility:
Do you need extra time to travel between buildings/classes? ☐ YES  ☐ NO
If so, how long? ____________________________________________  (Normal time is 10 minutes)
Do you need any specialized furniture in classrooms?  ☐YES  ☐ NO
Explain: ____________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Medication:
Are you taking medication that would interfere with the time that your classes are offered?  ☐ YES  ☐ NO
Explain: ____________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Any other information that should be considered when you are registered for classes:
____________________________________________________________________
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