

COLLEGE ASSEMBLY

Student Interest Form

Name: _____ **Student ID #** _____

Academic Division: _____ Arts and Sciences _____ Professional Studies

Expected Graduation date: _____

Home Address: _____

Phone Number: (Home) _____ (Cell) _____

Email(s): _____

Please select area(s) of interest:

College Assembly Academic Standards Accessibility Campus Diversity

Campus Life Curriculum Educational Resources

Please submit form to jmobrien@middlesexcc.edu