

Course Registration Form



Academic Programs Office

PLEASE NOTE: Proposal forms for a tutorial, independent study, or internship should be obtained from the Academic Programs Office. The Graduate Committee must approve proposals before the end of every semester for the next semester.

Year: _____

(check one)

August Session

Fall Term

Spring Term

Summer Session

(check one)

MA PhD

(check one)

Full-time

Part-time

Student Name

ID Number

Advisor Name

Year Entered

Number of Credits Earned to Date

Telephone Number

Email Address

COURSE REGISTRATION

Course Number

Course Title

Day/Time

Credits

Course Number

Course Title

Day/Time

Credits

Course Number

Course Title

Day/Time

Credits

Course Number

Course Title

Day/Time

Credits

Course Number

Course Title

Day/Time

Credits

Course Number

Course Title

Day/Time

Credits

Student Signature

Date

Advisor Signature

Date