



GRADUATE DIVISION REGISTRATION FORM

Name: _____ Campus ID: _____
Last Name First Name M.I.
Address: _____ Semester/Session _____ Year: _____
Street City State Zip (ex: Fall/1 or /2) (ex: 2020)
Phone: _____ Email: _____
County

PROGRAM School of Science MS [] Mathematics [] Computer Science [] Applied Math/Data Analytics []
ACT [] Applied Math/Data Analytics []

School of Education MA [] MS [] MSED [] ACT [] School of Engineering MS [] ME* []
Educational Leadership [] Mental Health Counseling [] Chemical []
School Counseling [] Counseling Bilingual Extension [] Civil []
Mental Health Counseling [] School Counseling [] Computer []
Special Education [] School Building Leadership [] Electrical []
Five-year Program Special Ed [] Advanced Leadership Studies [] Environmental* []
Dual Childhood Special Education [] Special Education Bilingual Ext. [] Mechanical []
Advanced Leadership Studies (SDL) []
Marriage & Family Therapy []
O'Malley School of Business MBA
BN BS MBA Accounting []
BN BS MBA Business []
MBA Administration []
School of Continuing & Professional Studies MS []
Organizational Leadership []
STATUS: Matriculated [] Non-matriculated []

(I) YOUR COURSES MUST BE APPROVED BY PROGRAM DIRECTOR
(II) PAYMENT MUST BE MADE TO THE STUDENT ACCOUNTS OFFICE
(III) YOU MUST BE OFFICIALLY REGISTERED BEFORE CLASS BEGIN

Table with 6 columns: CRN, Dept, Course #, Section, Title, Credits. Multiple empty rows for course entry.

*Student's signature (required) _____ Date _____
Director Approval (required) _____ Date _____
Processed _____ Date _____