

Ph.D. REGISTRATION FORM

Check information carefully. Make corrections as necessary.

Name: _____	ID Number: _____	Campus Folder#: _____
Classification: Doctor of Philosophy	Stage (circle one: 1 or 2)	
Concentration: _____	Residential Address: _____	
Session: _____	_____	
Year: _____	_____	
Anticipated Graduation: _____	Phone: _____	

Forms received after the registration period will be assessed a \$100 late registration fee per

session. Course/Section	Course Title	Hours
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Credit Courses

Audit Courses

NOTE: Registration for more than 10 credit hours requires consent of the Registrar. (Overload Approval _____)

SUBMIT COMPLETED FORM TO THE PH.D. STUDIES OFFICE FOR SIGNATURES

(Approval, Ph.D. Department Coordinator)

Total Credit Hours _____

(Approval, Director of Ph.D. Studies)

Total Audit Hours _____