

**GRADUATE PROGRAM REGISTRATION CARD  
MATRICULATING STUDENTS**

PLEASE COMPLETE ALL INFORMATION -- PRINT CLEARLY

Name \_\_\_\_\_  
Last First Middle Initial

Graduation Year \_\_\_\_\_

Local Address \_\_\_\_\_  
Street City State Zip

Local Telephone \_\_\_\_\_

Permanent Address \_\_\_\_\_  
Street City State Zip

Permanent Telephone ( ) \_\_\_\_\_  
Area Code

**Current Semester's Status:**  
 (New incoming students to the graduate program should **not** complete this section.)

**Current Semester's Status:**  
 Full-time                       Commuter  
 Part-time                       Resident  
 Not currently enrolled

**Status in the semester for which you are registering**  
 Full-time    Part-time  
 Commuter    Resident

Graduate Program in which you are enrolled \_\_\_\_\_

Specialty Track (if applicable) \_\_\_\_\_

Graduate Faculty Advisor \_\_\_\_\_

Dept./ Course #	Section	Course Title	Prerequisites Satisfied*	Credit Hours	Instructor	Meeting Days/Time

Course or Lab to be replaced	
Dept./ Course #	Section

ALTERNATE SELECTIONS						
In the event that a course is closed, please list replacement selections in order of preference. (USE FOR DIFFERENT COURSES ONLY - NOT DIFFERENT SECTIONS OF THE SAME COURSE)						
Dept./ Course #	Section	Course Title	Prerequisites Satisfied*	Credit Hours	Meeting Days/Time	

**\*Graduate Faculty Advisor's initials will verify that course prerequisites are satisfied.**

**REQUIRED SIGNATURES**

**PLEASE NOTE:** Course repeats and/or withdrawals from courses may affect one's financial aid eligibility. Students should consult the offices of Financial Aid or Registrar for further information.

Student \_\_\_\_\_ Date \_\_\_\_\_

Graduate Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY**  
 Registration Clerk \_\_\_\_\_ Date \_\_\_\_\_