



GRADUATE DIVISION REGISTRATION FORM

**Name:** \_\_\_\_\_  
Last Name First Name M.I.

**Campus ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**Semester/Session** \_\_\_\_\_ **Year:** \_\_\_\_\_  
(ex: Fall/1 or /2) (ex: 2020)

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
County

\_\_\_\_\_

School of Arts & Sciences

<b>Majors</b> MA <input type="checkbox"/> MS <input type="checkbox"/> MSED <input type="checkbox"/> ACT <input type="checkbox"/>		<b>School of Engineering</b> MS <input type="checkbox"/> ME* <input type="checkbox"/>
School Counseling <input type="checkbox"/> Mental Health Counseling <input type="checkbox"/> Special Education <input type="checkbox"/> Five-year Program Special Ed <input type="checkbox"/> Dual Childhood Special Education <input type="checkbox"/> Marriage & Family Therapy <input type="checkbox"/>	Mental Health Counseling <input type="checkbox"/> Counseling Bilingual Extension <input type="checkbox"/> School Counseling <input type="checkbox"/> Special Education Bilingual Ext. <input type="checkbox"/>	Chemical <input type="checkbox"/> Civil <input type="checkbox"/> Computer <input type="checkbox"/> Electrical <input type="checkbox"/> Environmental* <input type="checkbox"/> Mechanical <input type="checkbox"/> Construction Management <input type="checkbox"/>
<b>O'Malley School of Business MBA</b> BN BSMBBA Accounting <input type="checkbox"/> BN BSMBBA Business <input type="checkbox"/> MBA Program <input type="checkbox"/> MBA Online Program <input type="checkbox"/> MS Accounting Online Program <input type="checkbox"/>		<b>PROGRAM: Non-Matriculated-Non-Degree Program</b>
Organizational Leadership <input type="checkbox"/> Organizational Leadership-Online <input type="checkbox"/>		

YOUR COURSES MUST BE APPROVED BY PROGRAM DIRECTOR /PAYMENT MUST BE MADE TO THE STUDENT ACCOUNTS OFFICE  
**IMPORTANT: YOU MUST BE OFFICIALLY REGISTERED BEFORE CLASS BEGIN**

CRN	Dept	Course #	Section	Title	Credits

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