REGISTRATION APPROVAL FORM

SCHOOL OF GRADUATE STUDIES IN THE HEALTH SCIENCES

STUDENT'S NAME: _____ **Date:**_____

Program: _____

Employee/Student Number: _____

Course Number	Credit Hr	Semester	Instructor
Total Credit Hours			

Student Status: PT (Part-time) FT (Full-time)

Circle whether the student is considered a **PT** or **FT** student. A full time course load in the School of Graduate Studies is 9 credit hours per semester with the exceptions of the summer term when 1 credit hour is sufficient and/or when a student has entered candidacy. The student and advisor must **complete the required registration form, obtain the required signatures, and submit a copy of the form and a copy of the student's schedule to the Graduate School office.**

If a student has enrolled in less than 9 credit hours and is considered FT, please indicate the reason:

_____

Student Signature: _____

Approved by: _____

(Advisor's signature and date)

Approved by: _____

(Program director's signature and date)