Graduate Student Form: Course Selection and Business Registration

YEAR: _____
___*Fall*
___*Spring*
___*Summer*

REGISTRAR'S OFFICE

DATE:

INSTRUCTIONS: *Graduate Students must fill in all sections of this form for proper processing.* ***All signatures are required.***

Course Info: *Give the PS Class 4 digit number listed on the left of each course code & title given in the Schedule of Classes. All courses with requirements not previously met or courses with special permission – must have appropriate signatures.*

Name: _____

ID #: | PO Box #:

Email Address:

PS Class #	Department	Course #	Section #	Credit Hours	Permission

Total Credit Hours:

_____
Advisor's Signature: *Date*

The University has my permission to use my federal financial aid to cover any and all charges on my student account. _____YES _____ NO

At the completion of this semester I expect to receive my degree. YES NO
If yes, please complete an application for your diploma

SELECT ONE:

___ *Consortium*
___ *Internship*
___ *Practicum*
___ *Non-Internship/Practicum*
— Continuous Enrollment Internship

If you checked Internship, please fill in below:
Internship Address:

_____

_____

☎ Telephone/Email:

Failure to make full payment of this debt will result in the denial of all future registrations & withholding of grades, transcripts, and degrees. The services of collection agencies/attorneys also will be used to collect this debt if necessary. Thank you for prompt payments.

REGISTRAR'S STAMP

INITIAL

DATE

In consideration for enrollment for the above semester: I agree to remit the total tuition charges to Gallaudet University.

_____ _____
Student Signature *Date*

_____ _____
Student Account Official's Signature *Date*

WHITE COPY – Registrar YELLOW COPY – Student Account PINK COPY – Advisor GOLD COPY - Student