

Graduate Program Registration Form

Last Name: _____

First Name: _____

ID # 987 - _____ - _____

Billing Address:

Local Address:

Telephone: Day (_____) _____

Evening (_____) _____

Semester/Year Fall _____

Spring _____

Summer _____

Program MA Art Education

MFA Interior Design

MFA Studio Art

Course Number/Section	Title of Course	Credits
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Credits		_____

Please note: Students should review their academic records and the course schedules on Self-Service. Students should also review Self-Service for "STOPS" placed by other offices; students who have "STOPS" will not be registered until it is cleared. See appropriate office for assistance.

Registration for the summer and fall terms takes place in March/April and for the spring in October/November. Please complete the form and return it to the Registrar's Office by the last day of registration. Students who register after the deadline will be assessed a late fee. See Graduate Student Handbook for dates.

Student's Signature: _____ Date: _____

Graduate Program
Manager or Director Signature: _____ Date: _____

For Registrar's Office use only:
Entered By: _____ Date: _____