

**2011-2012 Registration
School of Graduate and
Postdoctoral Studies**



Department of

Student Name (Please print)

Address:

City, State, ZIP

Phone

Veterans Benefits: YES NO

If billing address is different from student's address, please provide below:

Billing Address

City, State, ZIP

Please check one: Summer Quarter Fall Quarter Winter Quarter Spring Quarter

As a Graduate student, I intend to enroll for the 2011-2012 Quarter with the following courses:

<i>Course Number</i>	<i>Course</i>	<i>Credit Hours</i>
TOTAL HOURS		

I will notify the Registrar's Office promptly if my address, phone number, name, or other information has changed.

Student Signature (date)

Faculty/Mentor Signature (date)

Dept. Graduate Oversight Committee Chair (date)

Department Chair Signature (date)

100% Tuition Waiver

Dr. Joseph X. DiMario - Dean, SGPS (Date)

**Rosalind Franklin University of Medicine and Science
Office of Registrar**

3333 Green Bay Rd. North Chicago, IL 60064
Phone: (847) 578-3229 Fax: (847) 578-3284

Original to Registrar

Copies: Business Office, SGPS Dean, Depart, Student