

MIDWESTERN UNIVERSITY/DOWNERS GROVE CAMPUS
COLLEGE OF HEALTH SCIENCES – (M.S. - BIOMEDICAL SCIENCES)
REGISTRATION FORM

STUDENT NAME _____ DATE: _____

QUARTER OF ENROLLMENT:

Fall Winter Spring Summer

Student ID # or Social Security #

TERM YEAR _____

CLASS LEVEL _____

Program/Anticipated Degree/Status

Master/Biomedical Sciences Audit Student Non-degree seeking
 Inactive Status *Student must complete clearance form

(Audit tuition is charged at 50% of normal tuition charges. Audit students may not take exams and will not receive credit toward any degree or certificate program)

Course code & Course #	Course Title	Audit (y/n)	Credit hours

Total credit hours to be billed

Registration (forms may be obtained from the program office, advisor or Registrar's office)

- Registration forms must be approved and signed by a program director or program advisor.
- Signed forms are due in the Registrar's office 2 weeks prior to the beginning of classes.
- Check catalog or program director concerning course prerequisites, sequencing & tuition.
- Degree-seeking students require 6.0 credits per quarter to qualify for half-time status.

Student Signature (signature required)

Date

Program Director or Student Advisor

(signature required prior to submission to Registrar's office)

Date

Registrar office use only

Form forwarded to: Bursar Program Office Financial Aid

Settings\Temporary Internet Files\Content.Outlook\UH58Q0N9\Registration FormDG.doc

C:\Documents and Settings\jmoore1\Local

Created by the Office of the Registrar