

MIDWESTERN UNIVERSITY/DOWNERS GROVE CAMPUS
COLLEGE OF HEALTH SCIENCES – (DOCTOR OF HEALTH SCIENCE)
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

Doctor of Health Science
 seeking

Audit Student

Non-degree degree

**Course code &
 Course #**

Course Title

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*)

 Date

Registrar office use only

Form forwarded to: Bursar Program Office Financial Aid

Settings\Temporary Internet Files\OLK14E\At Large Registration FormDG.doc

C:\Documents and Settings\jmoore1\Local

Created by the Office of the Registrar