

**GRADUATE COURSE SELECTION FORM**

**\*\*Please complete form below for registration of electives or required courses\*\***

**Student Name:** \_\_\_\_\_

**PID:** \_\_\_\_\_

<i>Course Prefix</i>	<i>Number</i>	<i>Section</i>	<i>Credits</i>
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\* **PAYMENT RESPONSIBILITY:** I accept responsibility for payment for my semester tuition and fees by the published deadline. I understand that if I fail to pay my tuition and fees by the deadline, I will be charged a **\$100.00 late payment fee**, my records will be put on hold, and my account will be referred to a collection agency, and I may incur other financial consequences.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Faculty Advisor (PI)**

\_\_\_\_\_  
**Date**