

Graduate Registration Form – Biomedical Sciences

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>
<i>Course Prefix</i>	<i>Number</i>	<i>Section</i>	<i>Credits</i>
<i>Course Prefix</i>	<i>Number</i>	<i>Section</i>	<i>Credits</i>
<i>Course Prefix</i>	<i>Number</i>	<i>Section</i>	<i>Credits</i>

* **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