

PhD Elective Selection Form

Please complete form below for registration of electives

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