

Graduate Course Selection Form

Spring Summer Fall Year _____

(A) PERSONAL INFORMATION		
1 Title: (circle one) Mr. / Ms. / Dr.	2 Name: (Last, First, M.I.)	3 Student ID #: N _____
4 Local Address: (If this is a new address or phone No. check here <input type="checkbox"/>)		5 Local Phone No.: ()
6 Employer Name & Address:		7 Employer Phone No.: ()
8 E-mail: (Non-Stern address only)		

(B) DEGREE INFORMATION	
1 Major(s) / Specializations: 1. _____ 2. _____ 3. _____	
2 Exp. Grad. Date: (circle month/enter year) Jan. / May / Sept. 20_____	3 Status: (Check <input checked="" type="checkbox"/> one) <input type="checkbox"/> Special / IMP <input type="checkbox"/> APC <input type="checkbox"/> Joint Degree <input type="checkbox"/> Ph.D. _____ (Doctoral Program Approval)

(C) COURSE SELECTION							
Non-Credit Workshop							
No.	Course Number	Sec. #	Day/s	Time	Course Title	OFFICE USE ONLY	
1							
Primary Course Selections							
Priority	Course Number	Sec. #	Day/s	Time	Course Title	Credits	OFFICE USE ONLY
1							
2							
3							
4							
5							
6							
Total Credits:						<input type="text"/>	

Alternate Selections							
Priority	Course Number	Sec. #	Day/s	Time	Course Title	Credits	OFFICE USE ONLY
1							
2							
3							
4							
5							
6							

STAFF	DATE