TREVECCA NAZARENE UNIVERSITY
DEPARTMENT OF GRADUATE PSYCHOLOGY
Registration Form – Fall, 2008

Name:_____ ID#:_____*
Phone number:_____ SS#:_____

***Please <u>return registration</u> form to Graduate Psychology Office <u>no later than Wednesday, July 23rd.</u>**

Is this your *first* semester registering for class? ____ Yes ____No

Please mark your classification below**:**
____Degree-Seeking ____Non-Degree Seeking (ND) ____Degreed; Licensure Seeking (DLS)

Please indicate below the classes in which you plan to enroll for the **Fall Semester**.

Example:
P S Y 5 2 3 0 Sec. 0 1 Title: Career and Vocational Theories 3

<u>Full Semester Courses</u> (includes Practicums, Internships, Thesis, Statistical Analysis/Research Design):

Sem. Hours

__ __ __ __ __ __ __ Sec. __ __ Title: _____ _____

__ __ __ __ __ __ __ Sec. __ __ Title: _____ _____

__ __ __ __ __ __ __ Sec. __ __ Title: _____ _____

First Half Courses:

__ __ __ __ __ __ __ Sec. __ __ Title: _____ _____

__ __ __ __ __ __ __ Sec. __ __ Title: _____ _____

Second Half Courses:

__ __ __ __ __ __ __ Sec. __ __ Title: _____ _____

__ __ __ __ __ __ __ Sec. __ __ Title: _____ _____

_____ _____
Student Signature Date

*** Please note: Both your student ID# and Social Security # is needed by the records office.**

Please return this form to the Department of Graduate Psychology by July 23rd. (You may fax the form to the Graduate Psychology office 248-1662). Any changes that need to be made prior to the beginning of the Fall Semester can be made by calling the Graduate Psychology office at 248-1384.