



GRADUATE SCHOOL REGISTRATION FORM

1. CWID Degree or Certificate Program Registration Term

2. Last Name First Name Middle Name

3. College of Charleston Email Phone Number

Table with 5 columns: DEPT. (BIOL), NO. (629), CRN. (13985), CR. (3), and TITLE (Conservation Biology). It contains five empty rows for data entry.

Student Signature

Date

Program Director or Advisor Signature

Date

PLEASE UNDERSTAND THAT IF YOU SUBSEQUENTLY DECIDE NOT TO TAKE A CLASS FOR WHICH YOU HAVE REGISTERED, YOU MUST FOLLOW THE DROP/ADD OR WITHDRAWAL PROCEDURES. NOT PAYING YOUR BILL OR NOT ATTENDING CLASS DOES NOT CONSTITUTE A FORMAL ACTION TO REMOVE YOURSELF FROM THE CLASS ROLL, AND YOU WILL BE RESPONSIBLE FOR THE TUITION CHARGES FOR THE COURSE.

Form should be submitted to Robyn Olejniczak (olejniczakr1@cofc.edu) in the Graduate School office

GSO STAFF ONLY
Processed by: _____ Date: _____