

SSW Interdisciplinary Program Registration Form

NAME: _____ Email Address: _____

PERSON # _____ Phone Number: _____

Semester: Spring _____ Fall _____ Summer _____

PROGRAM: BA/MSW JD/MSW MBA/MSW MPH/MSW

Required Courses:

Reg. #	Course #	Section	Course Title	Instructor	Day and Time

Elective Courses: (Please list 1st and 2nd choices) If you want to be registered for more than one elective course, please indicate how many _____.

Reg. #	Course #	Course Title	Instructor	Day and Time

Please return this form to the School of Social Work Registrar in 685 Baldy Hall. She will force register you for your classes.

I understand that I will be registered for the required courses that I have listed above. I am aware that the School may not be able to register for me in my 1st choice elective courses. If I do not want to continue in a course that I have been registered for, I will drop that course. I am aware that I am financially responsible for all courses that I have been registered for.

Signature

Date