FCS Graduate Course Registration Form

PLEASE READ AND COMPLETE FORM IN ITS ENTIRETY

Full Name: ________________________________________________________________
FSU E-mail Address: _________________________________________________________
Telephone #: ______________________________________________________________
Semester and Year: _________________________________________________________

All information must be provided before the form will be processed. Additional information about a course can be found via the University’s General Bulletin http://registrar.fsu.edu/bulletin/grad/. **If a repeatable course with various topics, the topic provided should match that which is listed on your Program of Study Form.** If you have any questions regarding classes for enrollment, please consult your Advisor. If your registration window is open and you do not have any registration holds, you will be added to the course(s) by the Department.

If a problem occurs you will be notified immediately via e-mail to rectify the situation. If you are requesting FAD5906 or CHD5906, you must complete a CHD5906/FAD5906 Directed Individual Study Reference Number Request Form.

<table>
<thead>
<tr>
<th>Course Prefix</th>
<th>Course Number</th>
<th># Credit Hours</th>
<th>Course Title and Topic</th>
<th>Instructor Name</th>
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Student Signature: ______________________________  Date: _____________

Instructor Signature: ____________________________  Date: _____________

Instructor Signature: ____________________________  Date: _____________
*(If additional required)*

Instructor Signature: ____________________________  Date: _____________
*(If additional required)*

Revised 10/2015