|  |  |  |
| --- | --- | --- |
| Department of Biological Science  *Charles E. Schmidt College of Science* | Phd  Registration Form | FAUMark |

**Please Print**

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STUDENT Number Z\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAU email address: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@fau.edu](mailto:_________________________@fau.edu) Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIMARY CAMPUS (indicate one): Boca )\_\_\_\_\_\_\_\_Davie)\_\_\_\_\_\_\_ Jupiter)\_\_\_\_\_\_\_Harbor Branch)\_\_\_\_\_\_PSL)\_\_\_\_\_\_\_

**SEMESTER:** Please check semester and course section:

FALL)\_\_\_\_\_\_\_\_\_\_\_Spring) *\_\_\_\_\_*\_\_\_Summer: 1 (c)\_\_\_\_\_\_\_2(a)\_\_\_\_\_\_\_3 (b)\_\_\_\_\_\_\_\_

**COURSE SECTION**:

BSC 7978 Advance Research in Integrative Biology CRN#\_\_\_\_\_\_\_\_\_ Total credits\_\_\_\_\_\_\_

BSC 7980 Dissertation CRN#\_\_\_\_\_\_\_\_\_ Total Credits\_\_\_\_\_\_\_

Course Title CRN# Total Credits

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SUPERVISOR** (Please print name of faculty member) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF FACULTY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student notified on: \_\_\_/\_\_\_/\_\_\_by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notification by: E-Mail Phone in person. Revised: 08/27/13