

## GRADUATE STUDENT REGISTRATION FORM

Please complete all relevant sections on this form and have your advisor sign it. Remember to update your Program of Study each semester and bring to your mentor for review with this form.

Student Name: \_\_\_\_\_ EMU ID#:E\_\_\_\_\_

Program:      Doctoral              General-Clinical              Clinical-Behavioral              Experimental

Semester:      Fall              Winter              Summer      Year: \_\_\_\_\_

*Use a separate form for each semester.*

Advisor's Name \_\_\_\_\_ Advisor Approval: \_\_\_\_\_

Course #	Course Title
PSY	
PSY	

Course #	Course Title
PSY	
PSY	

Doctoral Fellows must register each semester on fellowship. Doctoral Fellows taking *less than 4 credits each semester* must also complete a low enrollment form (year 3 and beyond only).

### Credits Requiring a CRN Assignment

**Practicum Credits** **CRN Assigned:** \_\_\_\_\_

Select correct course:      PSY 683                      PSY 684              Instructor: \_\_\_\_\_

**Thesis Credits** **CRN Assigned:** \_\_\_\_\_

Number of thesis credits taken to date: \_\_\_\_\_ (1 credit required, 6 credits maximum)

Select correct course:      1 credit (PSY 690)              2 credits (PSY 691)              3 credits (PSY 692)

Faculty Advisor for these credits: \_\_\_\_\_

**Dissertation Credits** **CRN Assigned:** \_\_\_\_\_

Number of dissertation credits taken to date: \_\_\_\_\_ (6 credits required, no maximum limit)

Select correct course:      1 credit (PSY 896)              2 credits (PSY 897)              4 credits (PSY 898)

Faculty Advisor for these credits: \_\_\_\_\_

**Independent Study Credits** **CRN Assigned:** \_\_\_\_\_

Number of independent study credits taken to date: \_\_\_\_\_

Select correct course:      1 credit (PSY 697)              2 credits (PSY 698)              3 credits (PSY 699)

Faculty Advisor for these credits: \_\_\_\_\_

*Attach approved independent study form.*

DCT or Master's Program Coordinator Approval: \_\_\_\_\_