

## Graduate Registration Form

**CHECK ONE:**     **FALL**     **WINTER**     **SPRING**     **SUMMER**    **YEAR:** \_\_\_\_\_

**Is this your first course taken at STAC?**     **Yes**     **No**    **If Yes, Date of Birth:** \_\_\_\_\_

Student ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_     **Male**     **Female**

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_ Advisor: \_\_\_\_\_

*What program are you enrolled in?*

**MBA**     **MPA-CJ**     **MST**     **MSEd**     **Post-Masters Professional Certificate**

		CRN			COURSE	COURSE TITLE

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only
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