

Biostatistics Departmental Registration Form

Student Name: _____ UFID: _____

Academic Advisor: _____ Degree Program: _____

Term: Fall Spring Summer Year: _____

Concentration: _____

Course Prefix	Course Number	Credits	Instructor	Course Title

Please be aware that the department will not request registration on behalf of the student if the course is managed outside the departments of Biostatistics. The student will be responsible for requesting registration for those courses, but they still should be listed on this form. (Introduction to Public Health and Principles of Epidemiology are the only exceptions to this rule as registration for these two courses will still be handled by the academic assistant in the department of Biostatistics.)

If taking research credits (PHC6905, PHC7979 or PHC7980) with a faculty member other than your assigned academic advisor, please indicate that here and have the faculty member you will be taking the credits with sign below:

Faculty Name: _____ Faculty Signature: _____

Student Signature

Date

Academic Advisor Signature

Date

Graduate Coordinator Signature

Date