



REGISTRATION FORM FOR GRADUATE COURSES

OFFICE USE ONLY STUDENT I.D. NO. _____ SCH. REC. DATE _____

WILKES-BARRE, PENNSYLVANIA 18711 (570) 208-5991 FAX (570) 208-8027

SEMESTER: FALL/SPRING/SUMMER 20 _____ DATE _____

Check if recent change: ___Name ___Address ___Phone ___Male ___Female

Student Name: _____ SS# _____

Address: _____ Date of Birth _____

City _____ State _____ Zip _____ E-mail address _____

Cell Phone _____ Home/Work Phone _____

PPID Number (if applicable) _____

Optional Data

Ethnic background (Please check only one.) Are you Hispanic or Latino? Yes No

What is your racial background? (Please check one or more.)

- American Indian or Alaska Native Asian Black or African-American Native Hawaiian or Other Pacific Islander White

Student Name (if different) at time of previous King's attendance _____

Student Status: ___ Degree ___ Certificate/ Endorsement ___ Non-Degree* (* Loans not automatically deferred)

Graduate Program: ___ HCA ___ Reading ___ Special Education ___ ESL cert. ___ Autism ___ PDC ___ STEM cert. ___ Instructional Coaching ___ Curriculum & Instruction - Concentration in: _____

Enrollment Status: ___ Current ___ New ___ Re-Admit

Will this registration complete your program? ___ Yes ___ No

Do you receive tuition reimbursement through your employer? ___ Yes ___ No

If so, name of employer: _____ Percentage: _____ %

Table with 5 columns: COURSE NUMBER AND NAME, SECTION, CREDITS, DAY, TIME

WARNING: Discontinuation of class attendance or notice to an instructor does not constitute authorized withdrawal. If you stop attending class and do not notify the Graduate Division Office, you will receive a grade of "F" and be liable for all tuition charges.

ADVISOR'S SIGNATURE / DATE _____

Note: Advisor's signature is required for degree students.