



THE GRADUATE SCHOOL
of the COLLEGE OF CHARLESTON

CONTINUOUS RESEARCH ENROLLMENT REGISTRATION FORM
(e.g. BIOL 900; EVSS 900; EDEE 900; etc.)

TO BE USED ONLY FOR
CONTINUOUS RESEARCH ENROLLMENT REGISTRATION

TERM (circle one and add year): FALL SPRING SUMMER I SUMMER II YEAR _____

1. _____ - _____ - _____
Student ID Number

2. _____
Last Name First Name Middle / Maiden Name

3. _____
Apartment / Street City State / Zip Code

4. _____
County of Residence Home Phone Number Business Phone Number

IF YOUR NAME, ADDRESS AND/OR PHONE NUMBER HAS CHANGED, PLEASE COMPLETE A "CHANGE OF ADDRESS" FORM IN THE GRADUATE SCHOOL OFFICE - THANKS!

IF YOU PLAN TO FINISH YOUR STUDIES IN THIS TERM, YOU MUST APPLY FOR GRADUATION IN THE GRADUATE SCHOOL OFFICE IMMEDIATELY! THERE IS A \$25 FEE.

DEPT. *	NO.	SECTION**	THESIS ADVISOR	CREDITS	COURSE
	900				CONTINUOUS RESEARCH ENROLLMENT

* Use the acronym for courses in the your major - e.g. ACCT; BIOL; CSIS; EDEE; EDSP; ENGL; EVSS; HIST; INTR; MATH; PUBA

** Graduate Office will assign a section.

_____/_____
Student Signature Print Name Date

_____/_____
Program Director Signature Print Name Date

_____/_____
Thesis Advisor Signature Print Name Date

Dean of Graduate Studies Signature Date