



Research College of Nursing

Graduate Program Registration Form

Faxed forms will not be accepted.

	Fall
	Spring
	Summer

1. General Information:	
Student Name:	Students Program:
Address:	Cohort Year:
City:	Undergraduate Student: Yes: No:
Phone:	Email address: *
This is a change of : Address Phone	*Official email will be the Research College of Nursing email address that will be issued when forms are turned in.

Applying for Federal Financial Aid: Yes No

2. Employment (HCA Division):			
Full Time	Yes	No	Facility:
Part Time	Yes	No	Employee ID #:
(PRN Status does not qualify for tuition discount)			

3. Course Information: see College website for course offerings www.researchcollege.edu						
Course #	Research College of Nursing Course Name	Credit Hours	On-ground Day / Time	Online	Course Coordinator	EMAIL Confirm Date
<ul style="list-style-type: none"> Clinical Requirements are required to be completed before registering for a Practicum course. See Practicum Course Requirements on College website www.researchcollege.edu. 						

Course #	Rockhurst University * Course Name	Credit Hours	Day / Time	Room	Course Coordinator	Confirm Reg Date Sent
<ul style="list-style-type: none"> Must complete Separate Rockhurst University Registration Process 						

Student Signature: _____ (date)

Signature or Email Confirmation from Advisor: _____ (date)

For Office Use:	Method of Payment:
Tuition	_____ Check Payable to Research College of Nursing
Late Fee	_____ Mastercard Account #: _____
Deferred Fee	_____ Visa Exp Date : _____
Total	_____ Discover Security Code #: _____

Faxed forms will not be accepted.