

Research College of Nursing Graduate Program Registration Form

	Fall	ı
Eaved forms will not be accepted	Spring	l
Faxed forms will not be accepted.	Summer	l

1. General I	nformati	on:									
Student Name:					Students Program:						
Address:					Cohort Year:						
City:					Undergraduate Student: Yes: No:						
					Email address: *						
This is a c	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 Ti		Yes	No	Faci	lity:						
Part T	ime	Yes	No	Emp	loyee ID #:						
(PRN Status does not qualify for tuition discount)											
3. Course In	nformatio	n: see Colleg	e website fo	r course o	fferings www.r	esearchcolle	ege.edu				
		earch College of I		1	<u> </u>			EMAIL			
Course #		Course Name	J	Credit	On-ground	Online	Course	Confirm			
				Hours	Day / Time		Coordinator	Date			
				<u> </u>							
Clinica	l Require	ments are rec	uired to be	complete	ed before reg	istering f	or a Practicum cou	ırse.			
 Clinical Requirements are required to be completed before registering for a Practicum course. See Practicum Course Requirements on College website www.researchcollege.edu. 											
		· ·					'				
II.					•			•			
	R	ockhurst Univers	sity *	0 111	5 / -:	_		Confirm Reg Date			
Course #		Course Name		Credit Hours	Day / Time	Room	Course Coordinator	Sent			
				Tiours							
Must	complete	Separate Roc	khuret I Ini	vorcity Da	acietration Dr	00000					
• Wust	complete	Separate Not	Kiluist Oili	versity ive	gistiation Fi	UCESS					
II.											
Student Signature:											
(date)											
Signature or Email Confirmation from Advisor:											
(date)											
For Office Use	fice Use: Method of Payment:										
Tuition											
Late Fee	Late Fee Mastercard Account #:										
Deferred Fee				'isa Discover	Exp Date Security C	:					

Faxed forms will not be accepted.

Total