

REGISTRATION FORM - Graduate Students

Semester: _____

Year: _____

This is not to be used by students registering for a cohort program or a course in a cohort program.

Please print this form, complete and send/deliver to the Office of the Registrar

Mail to: Office of the Registrar, Cardinal Stritch University, 6801 N Yates Rd #523, Milwaukee WI 53217-3985

*\$100 deposit must be included

Name: _____ ID#: _____
Last First MI (if known)

Home Phone: _____ Work Phone: _____ SSN: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Have you taken credits at Stritch before? Yes If so, when? _____ No

Classification: Master's degree student Special student (check one*) Enrichment
 PBC Potential degree seeking
 I would like more information on Master's degree programs at Stritch

***When a Special Student seeks admission to a degree program, the University may accept up to 12 graduate credit hours taken as a Special Student at Stritch toward a degree program.**

Dept & Crs#	Course Title	Credits	Audit Y/N

FOR OFFICE USE ONLY:

Department Signature: _____

Date: _____