NORTHERN MICHIGAN UNIVERSITY
GRADUATE STUDIES OFFICE
REGISTRATION FOR RESEARCH/PRACTICUM CREDITS

DATE: ___________________________ NMU IN: ___________________________

NAME: ___________________________________________ ________________________
       (Last)    (First)     (MI)

ADDRESS: _________________________________________ ________________________
          (Street)    (City)   (State)  (Zip)

LAND PHONE: _________________________  CELL PHONE:   ________________________

COURSE I.D.: __________________________ TITLE/SUBJECT: _______________________

CREDIT HOURS: _______________________ SEMESTER: _________ YEAR: _________

MAJOR: ______________________________  DEPARTMENT: ________________________

______________________________________
Signature of Student

______________________________________                    [  ] for pay      [  ] on load
Signature of Research Director/
Practicum Supervisor

______________________________________
Signature of Adviser     Signature of Department Head

______________________________________
Signature of College Dean      Graduate Studies Office

NOTE: AFTER OBTAINING THE NECESSARY SIGNATURES, THIS FORM MUST BE
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Distribution: Registrar, Instructor, Department Chairperson, Adviser, Dean of School, Graduate
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Course Created               Sequence Number   Student Enrolled

Prepared by: Graduate Studies Office
2/2011
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Signature of College Dean

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Signature of Department Head

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2/2011