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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DATE: __________________________________  NMU IN: __________________________________

NAME: ____________________________________________ ___________________________
        (Last)    (First)     (MI)

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

LAND PHONE: _________________________  CELL PHONE:   ________________________

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CREDIT HOURS: _______________________ SEMESTER: _________ YEAR: ___________

MAJOR: ______________________________  DEPARTMENT: _________________________

______________________________________
Signature of Student

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

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