

DEPARTMENT OF COMPUTER SCIENCE GRADUATE STUDENT REGISTRATION FORM
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ACADEMIC YEAR: _____ PROGRAM: MSc. PhD

STUDENT NAME: _____ STUDENT #: _____

PROGRAM START DATE: _____

SUPERVISOR: _____

Add (check)	Drop (check)	Course #	Title	Term	Area	<i>For Admin</i>

The courses listed have been approved for the session indicated. Any changes must be approved by the supervisor and department.

Supervisor Signature

Student Signature

Date