

Biostatistics Departmental Registration Form

Student: _____ UFID: _____ - _____

Academic Advisor: _____ Degree Program: _____

Term: Fall Spring Summer Year: _____

Degree Component*	Course Prefix	Course Number	Credits	Instructor	Course Title	Meeting times

* Choose: **BIO** (Biostatistics Core), **PH** (Public Health Core), **ELE** (Biostatistics/Statistics Elective), **CONS** (Consulting Requirement), **CGNT** (Cognate requirement PhD only), or **Other** (Course which does not count toward degree)

Please be aware that the department will not request registration on behalf of the student if the course is managed outside the departments of Biostatistics or Statistics. The student will be responsible for requesting registration for those courses, but they still should be listed on this form. (Introduction to Public Health and Principles of Epidemiology are the only exceptions to this rule as registration for these two courses will still be handled by the academic assistant in the department of Biostatistics.)

Student Signature

DATE

Academic Advisor Signature

DATE

If taking research credits (PHC6905, PHC7979 or PHC7980) with a faculty member other than your academic advisor, please indicate that here and have them sign below:

Faculty Name: _____ Faculty Signature: _____

Graduate Coordinator Signature

DATE