



REGISTRATION FORM: INDIVIDUAL INTERDISCIPLINARY STUDIES IN PSYCHOLOGY

Regular Session 20__ – 20__ & Summer Session 20__

Name (print): _____ Student Number: _____

U of M Email: _____ Area: _____

Street Address: _____ City/Prov: _____ Postal Code: _____

Preferred Phone: _____ Alternate Phone: _____

Full-Time: Part-Time: Expected Graduation Date: FEB MAY OCT YEAR 20__
(only to be completed by students in their graduating year)

Course No.	Aurora CRN	Course Name	Term F/W/S	Credit Hours	Course Class.*
GRAD 7500		Academic Integrity Tutorial		0	S

*Course Classification – S Standard or X Auxiliary or O Occasional or A Audit

SIGNATURES:

Student: _____ Date: _____

Home Department Advisor: _____ Date: _____

Associate Head (Graduate) or designate: _____ Date: _____

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