



The Graduate School PHD REGISTRATION FORM

Submit this form to the Registrar by the announced deadline (\$50 late registration fee applies after the initial registration deadline; **no** registration after Late Deadline). Snail-mailed and faxed registrations acceptable, using this form.

[PLEASE PRINT]

SEMESTER: _____ **YEAR:** _____

NAME: _____ **PHONE or E-MAIL:** _____
 [First] [Initial] [Last]

MAJOR FIELD: _____ **MINOR FIELD:** _____

ADVISOR: _____

Ancient language examination = HLG901 (specify language under "Course Title")

Modern language examination = HLG902 (specify language under "Course Title")

TERM	COURSE NUMBER	COURSE TITLE	INSTRUCTOR	UNITS	AUDIT

Student Signature: _____ **Date:** _____

General questions about your program may be addressed either to your advisor or to Director of Graduate Education David Grafton:
 e-mail: dgrafton@ltsp.edu
 Office phone/voice mail: 215-248-6347
 FAX: 215-248-7315

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 Check # _____

Notes: