

SHS REGISTRATION FORM

Please indicate the semester and start term you are registering for: ___Fall ___Spring ___Summer Year:_____

NEW GRADUATE STUDENTS, GRADUATE STUDENTS THAT REQUIRE CONSENT (i.e., Nutrition), and
NON-DEGREE STUDENTS MUST PRESENT THIS FORM TO REGISTER.

Synonym	Subject	Course #	Section #	Term	Take For
1	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
2	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Last Name First Name Middle Initial

Social Security # Date of Birth

Permanent Address City or Town State Zip Code Telephone

Local Address City or Town State Zip Code Telephone

Email Address: _____

Check if address has changed _____

To which program are you intending to apply? _____

Are you an International student? ___Yes ___No Country of Citizenship: _____

What is your first (native) language? _____

Health Studies non-degree (special) student? ___ New student? ___

Student Signature _____

Advisor Signature (if necessary) _____

New students: Please fax this form to the Registrar's Office at 617-521-3144.
Non-degree students: Please fax this form to the SHS Office of Admission at 617-521-3137.

For Office Use Only:

User Name:

Password: