



**GRADUATE PROGRAMS INDIVIDUALIZED STUDY
REGISTRATION FORM**

I am a graduate student in the following program:

School of Education

- Professional Development*
(Continuing Studies)
- Additional Licensure
- Administrative Licensure
- Master of Arts in Teaching
- Master of Arts in Education
- Master of Arts in Education:
Natural Science & Environmental Education
- Master of Arts in ESL
- Doctorate in Education

Graduate School of Liberal Studies

- Master of Arts in Liberal Studies
- Master of Fine Arts in Writing

School of Business

- Master of Arts in Management
- Master of Arts in Nonprofit Management
- Master of Arts in Public Administration
- Master of Business Administration
- HSB Dual Masters program
- Doctorate in Public Administration

**NOTE: Professional Development (Continuing Studies) students must include payment in full, see below for payment information.*

Return completed registration form to your program office.

TERM: Fall Winter Spring Summer Year: _____

Hamline ID/Social Security Number: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip + 4

E-mail: _____

Home Phone: (____) _____ Work Phone: (____) _____

Please register me for (course information must be complete):

<i>Subject & Course #</i>	<i>Course Title</i>	<i># of Credits</i>	<i>Instructor</i>
_____	_____	_____	_____

Student signature: _____ Date: _____

Instructor signature: _____

Program Director/Advisor signature: _____

Payment Information: *Payment in full is required for Professional Development (Continuing Studies) students. See the current Professional Development for Educators catalog for tuition rate. Degree- and license-seeking students will be billed.*

Check for \$ _____ is enclosed, payable to Hamline University.

Please charge \$ _____ to my Visa MasterCard Discover American Express

Credit Card Account Number: _____ Expiration Date: _____

Your Signature (required): _____ Date: _____