1111 W. 17th St.
Tulsa, OK 74107-1898
918-561-8312
918-561-8243 fax

Graduate Program

Enrollment Form

Campus-Wide ID: _____

Name: _____
Last First Middle

Major: _____

Degree Sought: (Biomedical or Forensic Science)
☐ MS ☐ MFSA ☐ GCAS ☐ PhD ☐ Special Student

Semester/Year you expect to enroll:
☐ Summer ☐ Fall ☐ Spring Of Year: _____

	Course Prefix	Course Number	Course Section	Credit Hours
			Total Hours:	

_____ _____
Signature of Advisor Date

To finalize your enrollment, please complete this form and send/take to the Coordinator of Student Records, OSU-CHS, Student Affairs, Room B-157, 1111 West 17th St., Tulsa, OK 74107. Make sure credit hours have been filled in and you have the signature of your advisor.