# Graduate Program

## Enrollment Form

**Campus-Wide ID:** ____________________________

**Name:**

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<th>Middle</th>
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**Major:** ____________________________

**Degree Sought:** (Biomedical or Forensic Science)

- [ ] MS  
- [ ] MFSA  
- [ ] GCAS  
- [ ] PhD  
- [ ] Special Student

**Semester/Year you expect to enroll:**

- [ ] Summer  
- [ ] Fall  
- [ ] Spring  

**Of Year:** __________________

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<tr>
<th>Course Prefix</th>
<th>Course Number</th>
<th>Course Section</th>
<th>Credit Hours</th>
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**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.