



# THE GRADUATE SCHOOL

of the COLLEGE OF CHARLESTON

## CONTINUOUS RESEARCH ENROLLMENT REGISTRATION FORM (e.g. BIOL 900; EVSS 900; EDEE 900; etc.)

### TO BE USED ONLY FOR CONTINUOUS RESEARCH ENROLLMENT REGISTRATION

TERM (circle one and add year): FALL SPRING SUMMER I SUMMER II YEAR \_\_\_\_\_

1. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Social Security Number

2. \_\_\_\_\_  
Last Name First Name Middle / Maiden Name

3. \_\_\_\_\_  
Apartment / Street City State / Zip Code

4. \_\_\_\_\_  
County of Residence Home Phone Number Business Phone Number

***IF YOUR NAME, ADDRESS AND/OR PHONE NUMBER HAS CHANGED, PLEASE COMPLETE A "CHANGE OF ADDRESS" FORM IN THE GRADUATE SCHOOL OFFICE - THANKS!***

***IF YOU PLAN TO FINISH YOUR STUDIES IN THIS TERM, YOU MUST APPLY FOR GRADUATION IN THE GRADUATE SCHOOL OFFICE IMMEDIATELY! THERE IS A \$25 FEE.***

DEPT. *	NO.	SECTION**	THESIS ADVISOR	CREDITS	COURSE
	900				CONTINUOUS RESEARCH ENROLLMENT

\* Use the acronym for courses in the your major - e.g. ACCT; BIOL; CSIS; EDEE; EDSP; ENGL; EVSS; HIST; INTR; MATH; PUBA

\*\* Graduate Office will assign a section.

\_\_\_\_\_/\_\_\_\_\_  
Student Signature Print Name Date

\_\_\_\_\_/\_\_\_\_\_  
Program Director Signature Print Name Date

\_\_\_\_\_/\_\_\_\_\_  
Thesis Advisor Signature Print Name Date

\_\_\_\_\_  
Dean of Graduate Studies Signature Date