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14 E. Jackson Blvd., Suite 1600, Chicago, IL 60604

(312) 362-5564 / Fax (312) 362-5506

| **Informal course Registration form** | | | | | |
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| 1. Use this form for MPS 585, 597, 598, 600, 601, 609 and 610. 2. Submit a current course history with this form. 3. Submit course-specific forms (with this form) for MPS 600, 601, 609 and 610. 4. MPS 585/598 requires 3.50 GPA and prior approved thesis prospectus from instructor; MPS 597 requires 3.75 GPA and 36 completed credit hours. | | | | | |
| **Student Information** | | | | | |
| Name: | | | E-Mail: | | |
| Student ID: | | | Phone: | | |
| Current address: | | | | | |
| City: | | State: | | ZIP Code: | |
| **Term requesting Registration** | | | | | |
| **Fall** | **Winter** | | **Spring** | | **Summer** |
| **Course Number and title:** | | | | | |
| **Credit hours:** | | | | | |
| I have met the requirements for registration. | | | Yes | | No |
| If no, please explain: | | | | | |
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| **Signatures** | | |
| I certify that the information given in the application is complete and accurate. | | |
| Signature of applicant: | | Date: |
| The School of Public Service considers information provided on this application confidential. | | |
| **For Office Use Only** | | |
| Registration **YES  NO** | Instructor Signature: | |
| Registration **YES  NO** | Director Signature: | |

Submit this request, supplemental forms and current course history to

School of Public Service

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