

COURSE REGISTRATION FORM
Courses Offered by the Graduate Group in Epidemiology and Biostatistics at the
University of Pennsylvania School of Medicine

Fall _____
Year

Spring _____
Year

Name: _____ **Penn ID:** _____

Home Address: _____

 City, State, Zip Code

Cell Phone: _____ **Email:** _____

Date of Birth: _____ **Work phone:** _____

Primary School/Institute: _____
 (for those enrolled in Schools other than the School of Medicine)

Course Number	Course Name	Course Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature*: _____ **Date:** _____

Faculty Advisor: _____
Type Name Signature Date

**Submission of this form is considered to be an official request to enroll in the course(s) identified above. You will be billed for tuition and fees by the University unless Eli Elliott receives a request, in writing, to drop the course(s) by Monday, February 24, 2020 (for Master's students, that date is January 28th). You should recognize that you are financially responsible for coverage of tuition and associated fees that result from enrollment in the above courses.*

RETURN FORM TO:

Eli Elliott, GGEB Coordinator

Room 627, Blockley Hall, or scanned copy with signatures to: eli.elliott@penmedicine.upenn.edu