Office of the Registrar
E-mail: Registrars_Office.RushU@rush.edu
600 S. Paulina St., Suite 440, Chicago, IL 60612
(312) 942-5681 Fax: (312) 942-2310

# (Part A) **FALL 2008** Registration

RUSH UNIVERSITY
MINISTRARE PER SCIENTIAM
CHICAGO 1972

**The Office of the Registrar is on-line!**
Log on to our site at http://www.rushu.rush.edu/registrar to see course offerings, calendar, forms and more.

**GRADUATION INFORMATION** (update each quarter)

When will you complete degree requirements? (Estimate if not sure)

☐ June ☐ August ☐ December ☐ March Year: **20**___

**Rush Student ID #**

LAST Name

FIRST Name

SS#

Advisor's Name

**The following information is MANDATORY EVERY QUARTER! Please mark any boxes for which the information has changed. Your information will be updated accordingly.**

Are you a current employee of Rush Univ. Med Center? ☐ Yes ☐ No

☐ Address

☐ City

☐ State ☐ Zip Code

☐ Home phone ( )

☐ Work phone ( )

☐ Pager or Cell phone

☐ Off-campus e-mail

**INDICATE YOUR PROGRAM**

**COLL OF NURSING**
☐ BSN ☐ MSN
☐ DNP ☐ DNSc
☐ POST Master's

Program Code is in ( )

**COLL OF HEALTH SCI**
☐ Blood Bank (CLS)
☐ Clin Lab Sci (CLS)
☐ Clin Nutrition (NTR)
☐ Comm Disord (CDS)
☐ Ethics-Cert (ETH)
☐ HlthCare Ethics (HHV)
☐ HSM (HSM)
☐ Med Physics (MPH)
☐ Perf Tech (PRF)
☐ Occ Therapy (OCC)
☐ Vascular (VAS)

**GRADUATE COLLEGE**
☐ Anat & Cell Bio (ANA)
☐ Biochemistry (BCH)
☐ Biotechnology (BTN)
☐ Clin Research (CRES)
☐ Med Physics (MPH)
☐ Nursing (NUR)
☐ Pharm (PHR)
☐ Physio (PHY)
☐ Immuno (IMM)
☐ Neuro (NEU)

Graduating in Winter 2008? **"Intent to Graduate"** form is due to the Office of the Registrar by Jan. 18, 2008.

**COURSE REGISTRATION**

☐ Check the box if you are using **PART B** to list Independent Study/Research courses. Instructor signature required if course listed as IWA in Timetable. Forms without signature are returned. *Pass/No Pass is only for courses listed with P/N option in Timetable. Audit (AU) status requires permission of program director.

| Course Number (example: BCH 522 | Sect # | *P/N *or* AU | Course Title | Credit Hours | Instructor's Approval* (If required for IWA courses) |
|---|---|---|---|---|---|
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| | | | | | = TOTAL QHRS |

**List Alternate Course or Sections**

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |

**CONTINUOUS ENROLLMENT**

Replacing "incomplete" grades? Registration is REQUIRED! To register for Continuous Enrollment add your program code (*NUR* 999, *HSM* 999, etc.) in front of the 999 below. **Do not list any classes above if using this registration option.** (Program codes listed under colleges.)

** Students auditing a course must obtain the program director's written signature.*

____ ____ ____ **9 9 9** Continuous Enrollment Fee (**zero credit hours**) **0** **= TOTAL QHRS**

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

**FOR OFFICE USE ONLY**

H&S: _____

HOLD: _____

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(Part B)

**FALL 2008** Registration

## Independent Study and Research Course Registration

Please use the designated areas below to identify study topics courses and the faculty who will assign the grade for the course. **The Office of the Registrar has no means of obtaining a grade without a designated instructor.** If no faculty is identified, a grade will be expected from the advisor whose signature appears on the form.

**Use PART B for any of the following courses:**

- Independent Study *(900 numbers)*
- Dissertation Research numbered 699
- NUR 691 Doctor of Nursing Science Practica
- NUR 688 Directed Research
- NUR 542A and NUR 542B Nurse Prac Validation

**Rush ID#** _____

LAST Name _____

FIRST Name _____

SS# _____

Advisors' Name _____

**IF YOU PRINTED THIS REGISTRATION FORM FROM THE WEB SITE:**
Complete **MANDATORY** College & Address info on **PART A** and submit with **PART B**

COURSE #1

| Course Number | Course Title | Choose Grading Option | Credit Hours | PRINT Instructor's Name |
|---|---|---|---|---|
| | | ☐Letter Grade ☐Pass/No Pass | | |

**Course Topic Title must be specified below and limited to 31 letters and spaces**

Student's Signature _____ Date _____

Instructor's Signature _____ Date _____

Advisor's Signature _____ Date _____

COURSE #2

| Course Number | Course Title | Choose Grading Option | Credit Hours | PRINT Instructor's Name |
|---|---|---|---|---|
| | | ☐Letter Grade ☐Pass/No Pass | | |

**Course Topic Title must be specified below and limited to 31 letters and spaces**

Student's Signature _____ Date _____

Instructor's Signature _____ Date _____

Advisor's Signature _____ Date _____