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) **Spring 2009** 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 Spring or Summer 2009? **"Intent to Graduate"** form is due to the Office of the Registrar by April 10, 2009.

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)
					= 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)

Spring 2009 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 _____