

**COURSE REGISTRATION FORM** 수강신청서

1. Personal Information 개인정보:

Student's Name Student's ID No.

Address

Phone E-mail

1. Program of Study 학과:
2. **Applying for** 신청학기:
3. **Course Taking:** 과목 선택

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| --- | --- | --- | --- | --- | --- |
| **Course**  **#** | **Course Name** | **Instructor** | **Units (Hours)** | **Tuition**  **& Fee** | **Remark** |
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|  |  |  |  |  |  |
| Total Unit/Hours and Tuition ($) | | |  |  |  |
| Mal-Practice Insurance ($) (MSOM only) | | | |  |  |
| Registration Fee ($) | | | |  |  |
| Total Tuition and Fee($) | | | |  |  |

Student's Signature Date

School Dean, Program Director, or DAR’s Signature/ \_\_

Revised: 12/2014