



**REGISTRATION FOR GRADUATE LEVEL RESEARCH/PRACTICUM CREDITS**

DATE: \_\_\_\_\_ NMU IN: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NAME (L, F, MI): \_\_\_\_\_

COURSE ID: \_\_\_\_\_ TITLE/SUBJECT: \_\_\_\_\_  ONLINE  
 ON CAMPUS

CREDIT HOURS: \_\_\_\_\_ SEMESTER: \_\_\_\_\_ YEAR: \_\_\_\_\_

MAJOR: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

for pay  on load

_____ Student Signature	_____ Name of Research Director/ Practicum Supervisor	_____ Signature of Director/ Practicum Supervisor
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_____ Name of Advisor	_____ Signature of Advisor	_____ Name of Dept. Head	_____ Signature of Dept. Head
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_____ Name of College Dean	_____ Signature of College Dean	_____ Name of Graduate Dean	_____ Signature of Graduate Dean
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**Note:** This form must be submitted to the College of Graduate Studies office ([graduate@nmu.edu](mailto:graduate@nmu.edu)) to register the student for the course. Distribution for electronic signatures will be made by the College of Graduate Studies office upon receipt of this form.

_____ Course Created	_____ Sequence Number	_____ Student Enrolled
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