

NORTHERN MICHIGAN UNIVERSITY  
GRADUATE STUDIES OFFICE  
REGISTRATION FOR RESEARCH/PRACTICUM CREDITS

DATE: \_\_\_\_\_ NMU IN: \_\_\_\_\_

NAME: \_\_\_\_\_  
(Last) (First) (MI)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

LAND PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

COURSE I.D.: \_\_\_\_\_ TITLE/SUBJECT: \_\_\_\_\_

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

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

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Research Director/  
Practicum Supervisor

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\_\_\_\_\_  
Signature of Adviser

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Signature of College Dean

\_\_\_\_\_  
Graduate Studies Office

NOTE: AFTER OBTAINING THE NECESSARY SIGNATURES, THIS FORM MUST BE SUBMITTED TO THE REGISTRATION AND SCHEDULING OFFICE TO HAVE A COURSE SEQUENCE NUMBER ASSIGNED TO THE COURSE. DISTRIBUTION WILL BE MADE BY THE REGISTRATION AND SCHEDULING OFFICE UPON RECEIPT OF THIS FORM.

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