

Graduate Assistant Registration Form

(Must be submitted by term registration deadline)

STUDENT INFORMATION

Name _____	Kettering Student ID # _____
Current Street Address _____	
City/State/Zip _____	Current Daytime Phone _____
E-Mail Address _____	Citizenship _____
Faculty Advisor Name _____	Research Advisor Name _____
Expected Graduation Date _____	Class Standing <input type="checkbox"/> 1 st Year <input type="checkbox"/> 2 nd Year
Graduate Program _____	

REGISTRATION INFORMATION

Course #	Course Name	Cr. Hrs.	Applies to Degree?	Term	Year
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
Thesis I _____	II _____	Extension _____			
Note: Master Thesis Project Approval Form must be completed and accompany this form for all Thesis I registrations.					
Student Signature _____			Date _____		

Faculty advisor signature certifies that the pre-requisites have been verified and the above courses are among those required to complete the requirements of the student's degree program.

Faculty Advisor Approval

Date

Research Office Use Only

Tuition Amount _____	Charge Dept: _____	Index #: _____
Stipend \$ _____ /Term	Charge Dept: _____	Index #: _____
# of hours per week _____		
If Thesis, copy to Thesis Services <input type="checkbox"/>		
Research Office Approval of Tuition Waiver and Stipend		Date _____

International Office Use Only

Visa Status Verified: <input type="checkbox"/>	
International Office Approval	Date _____

Registrar's Office Use Only

Registered for classes <input type="checkbox"/>	
Registrar Office Approval	Date _____

Final Approval, Arlene Hunt

Date