

- NOTE: PLEASE PROVIDE ALL INFORMATION REQUIRED ON THIS FORM**

(Students on assistantships/fellowships must register for 6 cr. hrs. unless doctoral candidate or in semester of graduation.)

Course # EX: 3412	Course Designator & Number EX: ZOL 587	Course Name	Section EX: 001	Credit	Day & Time	Grade Audit or P/F	Instructor's Signature If Required
Alternate Courses							

**IMPORTANT: Registrations without a signature will not be processed and will be returned to student/dept. for advisor's approval.**

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor's Signature**

**Return to: Graduate School**  
**5755 Stodder Hall, Room 42**  
**Orono, Maine 04469-5755**  
**Tel. 581-3219/ Fax 581-3232**