

CONTINUOUS ENROLLMENT FORM



Year: 20_____

Semester : Fall Spring Summer

*Submit to Registrar's Office (122 White Hall) or (registrar@utica.edu)
once all signatures are obtained.*

Attention: To be eligible for Continuous Enrollment, student's must:

- Be a graduate student, have received an incomplete in the prior semester, and have no other program required courses remaining for their graduate degree.

_____	_____	_____
Student's Full Name	9-Digit Student ID#	Student's Major
_____	_____	_____
3-Letter Course Prefix	998	3-Digit Course #

Approvals (signatures):

Chair/Director: _____ Date: _____

Student: _____ Date: _____

(Authorizing registration and paying the \$250.00 fee)

Registration Completed:

CRN: _____ Signature: _____ Student emailed (date): _____
and Student registered (date): _____