

**COURSE REGISTRATION FORM**  
**Courses Offered by the Graduate Group in Epidemiology and Biostatistics at the**  
**University of Pennsylvania School of Medicine**

Fall \_\_\_\_\_  
Year

Spring \_\_\_\_\_  
Year

Name: \_\_\_\_\_ Penn ID: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
City, State, Zip Code

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Work phone: \_\_\_\_\_

Primary School/Institute: \_\_\_\_\_  
(for those enrolled in Schools other than the School of Medicine)

Course Number	Course Name	Course Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Student Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor: \_\_\_\_\_  
Type Name Signature Date

*\*Submission of this form is considered to be an official request to enroll in the course(s) identified above. You will be billed for tuition and fees by the University unless Catherine Vallejo received a request, in writing, to drop the course(s) by Monday, February.22, 2019.(2/4.for.MS). You should recognize that you are financially responsible for coverage of tuition and associated fees that result from enrollment in the above courses.*

**RETURN FORM TO:**  
**Catherine Vallejo, GGEB Coordinator**  
Room 627, Blockley Hall, or scanned copy with signatures to: [vallejo@upenn.edu](mailto:vallejo@upenn.edu)