FSU College of Medicine Graduate Course Registration Form (rev. 11/20/24)

Instructions: This form is be completed for registration **each semester** by all students in the Program in Biomedical Sciences. Students in other Colleges who wish to register for graduate courses in the College of Medicine should also complete this form.

First year graduate students must register for all required courses listed in the Student Handbook. This form must be signed by either Cathy Levenson or Gregg Stanwood.

Second and successive year students should consult with their Major Professor on recommended course selection and recommendations by their Supervisory Committee. All students must follow the departmental requirements in the Student Handbook. The form must be signed by your Major Professor.

Complete this form and submit to Graduate Program Coordinator, 2370-H MSR. Once approved, registration is via the FSU online registration system. Do **NOT** sign up for classes prior to receiving an approval email from the Graduate Program Coordinator.

Student Name:				Date:	
Term of Registration:	Fall	Spring	Summer	Year:	
FSU ID (i.e., abc25) or Emp	ol ID 11122333	3):			
Courses for which you wa (i.e., class code 8179, course co	_		Credit Hours	Instructor	
Major Professor or Gradu	ate Program	Director	Date		
Program/Departmental Authorization			Date		