

# REGISTRATION FORM

Term:  Winter 2011     Summer 2011     Fall 2011     Other \_\_\_\_\_

Student Name \_\_\_\_\_ Change   
 Street \_\_\_\_\_   
 City, State, Zip \_\_\_\_\_   
 Phone \_\_\_\_\_   
 Email \_\_\_\_\_

Please include all academic and clinic course numbers

Course #	Course Name	Credits

Choose One:  Clinical Observation     Clinical Practice     Continuing

Course #	SHIFTS <u>REQUESTED</u> in preference order	Credits

**A registration fee of \$25 will be charged.**

I understand that this agreement constitutes a binding contract upon acceptance by AAAOM, and is a subset of the Student Enrollment Agreement, the terms of which I have also agreed to.

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Date

**For administrative office use only:**

Received Reg.: \_\_\_\_\_ Date: \_\_\_\_\_ Approval AD: \_\_\_\_\_ Date: \_\_\_\_\_