

Registration Planning Form

Student Name: _____ Semester: _____ Date: _____

For the upcoming semester, please list all courses and special projects for which you hope to register. Be sure to include your plans to register for:

- (1) Core/required/elective program courses
- (2) Master's thesis or dissertation research hours
- (3) Optional elective fellowship courses from outside your program of study (Please clearly indicate on this form that it is a fellowship course. If you and your advisor believe it should count toward your degree and it is not currently an option in SIS, please email the Program Director. The Director may be able to add this course as a degree-counting elective option.)

# Credits	Course Number	Course Title	Instructor
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Before today, I have already registered for ____ thesis credits; ____ dissertation credits

Approved by Primary Advisor: _____ Date: _____

Send Kellie (kds28@case.edu) signed form to lift the advising hold. If any changes are made, a new form and new signatures will be needed.

FORMS ARE DUE BY JULY 1 to be eligible for health insurance.