Knowledge Systems Institute
Graduate School of Computer and Information Sciences

REGISTRATION FORM

Administrative Office
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Academic Year: _____

☐ **Check if new address/phone below** **Date of birth (MM/DD/YYYY): _____/_____/_____** ☐ **Female** ☐ **Male**

Name (print): _____ **SSN# :** _____
First Mid Last

Current Address:

_____
Street City State Zip

Mailing Address:

_____
Street City State Zip

Phone: (home) _____ **Phone: (cell)** _____ **Email:** _____

Check appropriate box :

☐ Computer Information Sciences
☐ Area of Concentration in Computer Networks (CN)
☐ Area of Concentration in Information Security (IS)
☐ Area of Concentration in Knowledge Management (KM)
☐ Area of Concentration in Health Informatics (HI)
☐ Area of Concentration in Management Information Systems (MIS)
☐ Area of Concentration in Software Engineering (SE)

ex:	**Subject**	**Course#**	***Title***	***Credits***	***Faculty***
EX:	***CIS***	***310***	***Introduction to Programming***	***3***	***Dr. Steve Chao***
1					
2					
3					
4					
5					

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Administrative Office use only:
Date Received:
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