

Coppin/UB Collaborative Program Enrollment Form

Human Services Administration Program (M.S.)

Term: Fall Winter Spring Summer Year: _____

Student Information

Name _____
Last First Middle Initial

Student Identification Number _____ SSN _____

Address _____
Number and Street

City State Zip

Phone Numbers _____
Home Work

E-mail _____

Ethnic Origin: ___1/Black ___2/Native American ___3/Asian ___4/Hispanic ___5/Caucasian

Date of Birth _____ Female ___ Male

Classification ___ Freshman ___ Sophomore ___ Junior ___ Senior ___ Graduate

Advisor Approvals Course Information

Course Prefix	Course Number	Section Number	Class Title	Credit Hours	Requirement Elective	Advisor Approval

Add/Drop/Swap

A/D/S	Course Prefix	Course Number	Section Number	Class Title	Credit Hours	Effective Date	Advisor Initials

Signatures: Form must have all signatures

Student: _____

Date: _____

Program Coordinator: _____

Date: _____

Registrar: _____

Date: _____