

PERSPECTIVES: WRONGFUL CONVICTIONS PRACTICE CREDIT REGISTRATION FORM (PS-877)

STUDENT CONTACT INFORMATION

Name: _____

Phone Number: _____

Email: _____

Division: Day ___ Evening ___ Special-Part-Time ___ Day-Part-Time ___

YEAR & TERM

Semester: Fall Spring

Academic Year: _____

REGISTRATION

_____ 1-credit option

_____ 2-credit option

The Registrar's Office will manually register students for the one or two credit option upon receipt of a signed registration form.

PROFESSOR AUTHORIZATION

SIGNATURE: _____ DATE: _____

***** REMINDER: Please submit signed form to the Registrar's Office after you have registered for the Perspectives: Wrongful Convictions course.**