

Registration Form for Sawyer Business School Graduate Student Enrollment in JD Courses

Student ID#: _____ Date: _____ Semester: _____

Name: _____

Address: _____

Email Address: _____ Phone #: _____

	Syn.	Dept.	Course #	Sect #	Title	Day	Time	Credits	Instructor
<i>Sample</i>	<i>1206</i>	<i>CMPSC</i>	<i>F121</i>	<i>AE</i>	<i>Intro to Computer Programming</i>	<i>T,TH</i>	<i>4:30-7:10</i>	<i>3</i>	<i>Shukla</i>
1									
Alt									
2									
Alt									

Total credits for semester including graduate and JD credits: _____

Approvals in order of necessary procurement:

Sawyer Business School Program Director:

Name/Signature/Date: _____

Financial Aid:

Name/Signature/Date: _____

JD Registrar:

Name/Signature/Date: _____

Office of the Bursar:

Name/Signature/Date: _____

After all signatures are obtained, form should be sent as a scanned document to the following:

- **Sawyer Business School Dean of Graduate Programs:** mbehnam@suffolk.edu
- **Registrar/JD Registrar:** uro@suffolk.edu