



This form must be completed in order for registration to be processed.

NAME \_\_\_\_\_ ID# \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE # \_\_\_\_\_

Indicate the semester and year in which you wish to enroll:  Spring  Summer  Fall, of 20\_\_\_\_\_

Course schedules are listed at <http://www.sph.emory.edu/rollins-life/enrollment-services/index.html>

Permission is not required to register for the following core courses listed below or courses listed on the Special Standing website at <http://www.sph.emory.edu/academics/special-standing-students/index.html>

**Any course not listed below or on the Special Standing website requires permission**

<i>Course Number</i>	<i>Course Name</i>	<i>Credit Hours</i>
BSHE 500	Behavioral Sciences in Public Health	2
EH 500	Perspectives in Environmental Health	2
EPI 504	Fundamentals of Epidemiology	2
EPI 530	Epidemiologic Methods I	3
EPI 530L	Epidemiologic Methods I Lab	1
HPM 500	Introduction to the U.S. Health Care System	2

Class #	Subject	Catalog #	Class Section	Credit Hours	Grading Basis	Instructor's/ADAP signature* (REQUIRED)
					<input type="checkbox"/> S/U <input type="checkbox"/> GR <input type="checkbox"/> AU	
					<input type="checkbox"/> S/U <input type="checkbox"/> GR <input type="checkbox"/> AU	
					<input type="checkbox"/> S/U <input type="checkbox"/> GR <input type="checkbox"/> AU	

**\*Enrollment is based on space availability**

**\*Signature required for classes that require permission**

Submit form to [rsphenrollmentservices@emory.edu](mailto:rsphenrollmentservices@emory.edu).

For more information, contact RSPH Enrollment Services ([rsphenrollmentservices@emory.edu](mailto:rsphenrollmentservices@emory.edu)).

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_