AUGSBURG COLLEGE

GRADUATE NURSING PROGRAM
REGISTRATION FORM
MASTER OF ARTS IN NURSING

Mail to address below or fax to (612) 330-1676. Be sure to sign this registration form below the list of courses. It will not be processed without a signature.

Term: _____

Year: 20_____- 20_____

New Student/Readmit: ☐

Please check if you have attended Augsburg College before: ☐

Program (please check one): **Minneapolis:** ☐ **Rochester:** ☐ **United:** ☐

Student Name:_____ **Student ID#:**_____

Last First Middle initial

Address:_____ **SS #** _____

_____

Please indicate if your contact information has changed: ☐

Phone: _____ **(H)** _____ **(W)** **Email address:**_____**@augsburg.edu**

Note: Emails will only be sent to Augsburg email addresses

DEPT.	COURSE#	SECTION LETTER	COURSE CREDIT	GRADE OPTION	TITLE	DAY	MEETING TIME	Instructor	ROOM

Student's Signature:	Date:	Nursing Department Signature	Date:

IMPORTANT: Refer to the Augsburg College Academic Catalog for course prerequisites or contact the Nursing Department.
Grade options: *P = PASS/NO CREDIT; T = Traditional (4.0-0.0); R = Repeat (Allowed if grade was less than 2.0); V = Audit (must have instructor's signature)*

Augsburg College Nursing Dept
2211 Riverside Ave. CB 118
Minneapolis, MN 55454

Office use: Processor's signature: Date: