

**COURSE REGISTRATION FORM**  
**Courses Offered by the Center for Clinical Epidemiology and Biostatistics of the**  
**University of Pennsylvania School of Medicine**

Fall 2016

**(please print)**

Name: \_\_\_\_\_ PENN ID # \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cell Phone # (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Work Phone # (\_\_\_\_) \_\_\_\_\_

Primary School/Institute \_\_\_\_\_

(for those enrolled in Schools other than the School of Medicine)

Course Number	Name	Course Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature\* \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Advisor signature \_\_\_\_\_ Date: \_\_\_\_\_

**\*Submission of this form is considered to be an official request to enroll in the course(s) identified above. You will be billed for tuition and fees by the University unless Catherine Vallejo receives a request, in writing, to drop the course(s) by Monday, September 19, 2016. You should recognize that you are financially responsible for coverage of tuition and associated fees that result from enrollment in the above courses.**

**Administrative Use Only**

**DO NOT DUPLICATE THIS FORM**

**Return this form to:**

**Catherine Vallejo**

**University of Pennsylvania School of Medicine**

**Division of Biostatistics**

**Room 627, Blockley Hall**
