

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

Spring 2015

(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: _____ Date: _____
Print Name Signature

***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 Friday, February 20, 2015. You should recognize that you are financially responsible for coverage of tuition and associated fees that result from enrollment in the above courses.**

DO NOT DUPLICATE THIS FORM
Return this form to:
Catherine Vallejo
University of Pennsylvania School of Medicine
Division of Biostatistics
Room 627, Blockley Hall

Administrative Use Only