

# PRACTICUM REGISTRATION FORM

Return completed form to the SPH Practice Office: 715 Albany Street, Talbot 229 Boston, MA 02118 -- Fax (617) 638-4966

*All fields are required*

**Semester of Registration (Circle one):** Fall Spring Summer I **Year:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_, \_\_\_\_\_ **BUID #:** U\_\_ \_\_ /\_\_ \_\_ /\_\_ \_\_ \_\_ **DOB:** \_\_\_\_\_  
Last First MM/DD/YY

**E-Mail:** \_\_\_\_\_ **Projected Graduation Date:**  January  May  September **Year:** \_\_\_\_\_

**Phone Number (Required):** (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ **Is this a cell phone? (circle):** Yes / No

**I am in the following degree program and concentration:** \_\_\_\_\_ & \_\_\_\_\_  
SPH DEGREE (please list dual degrees) CONCENTRATION

**Practicum course registration options:** →SPH PH970 (zero credit option) →SPH PH975 (variable credit option for 1, 2, 3, or 4 credits)  
 →SPH PH970/1 (MSW/MPH option) →SPH PH984 (letter grade option, additional permission required)

| REGISTRATION ACTION (CIRCLE) | COURSE NUMBER | SECTION | CREDIT HOURS | COURSE TITLE         | PRATICE OFFICE SIGNATURE REQUIRED |
|------------------------------|---------------|---------|--------------|----------------------|-----------------------------------|
| ADD DROP                     | SPH PH _____  |         | .            | SPH Practicum Course |                                   |
| ADD DROP                     |               |         |              |                      |                                   |

**IMPORTANT:** How many credits will you have after these changes? How will it impact your student account? If you currently receive financial aid and/or are presently deferring past loans, check with OSFS at 617-638-5130 to ensure the above indicated changes will not impact your financial aid or potential loan deferment. Note that part time status is 1-11 credits and full time status is 12-18 credits. Mandatory health insurance is added to the account of any student registered for 9 or more credits at any point in the semester. You may not be able to waive the charge if the semester waiver date has passed. Check the Boston University Student Accounting Services web page at <http://www.bu.edu/comp/saweb> for semester specific dates.

After adding this practicum, I will have (#) \_\_\_\_\_ credits on my schedule for the semester of registration.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_