

# Coppin/UB Collaborative Program Enrollment Form

## Human Services Administration Program (M.S.)

Term: Fall  Winter  Spring  Summer  Year: \_\_\_\_\_

### Student Information

Name \_\_\_\_\_  
Last First Middle Initial

Student Identification Number \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City State Zip

Phone Numbers \_\_\_\_\_  
Home Work

E-mail \_\_\_\_\_

Ethnic Origin: \_\_\_1/Black \_\_\_2/Native American \_\_\_3/ Asian \_\_\_4/Hispanic \_\_\_5/Caucasian

Date of Birth \_\_\_\_\_ Female \_\_\_ Male

Classification \_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Graduate

### Advisor Approvals Course Information

Course Prefix	Course Number	Section Number	Class Title	Credit Hours	Requirement Elective	Advisor Approval

### Add/Drop/Swap

A/D/S	Course Prefix	Course Number	Section Number	Class Title	Credit Hours	Effective Date	Advisor Initials

**Signatures:** Form must have all signatures

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Program Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_

Registrar: \_\_\_\_\_

Date: \_\_\_\_\_