



La Salle University

Graduate Credit Registration Form Academic Year 2002 - 2003

(Enter course name, i.e. IMP 1 or CMP 1, etc.)

Please complete the following.

NAME	CONTACT PERSON Mr. Joseph Merlino, 215-951-1203, merlino@lasalle.edu
HOME ADDRESS	PROGRAM Graduate Education
	UNDERGRADUATE INSTITUTION
CITY, STATE, ZIP	UNDERGRADUTE DEGREE RECEIVED
PHONE (Home) (Work)	SCHOOL
SOCIAL SECURITY #	SCHOOL DISTRICT
DATE OF BIRTH	
SEX RACE	

ROSTER

(Please fill in correct number that corresponds to course name you wrote in above)

DEPT	NO.	SECT	CRS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
EDC		A							
EDC		A							
EDC		A							

Return this form to

GPSMP
LA SALLE UNIVERSITY, BOX 399
1900 W. OLNEY AVENUE
PHILADELPHIA, PA 19141-1199
215-951-5089 (fax)