



**MASTER OF SOCIAL WORK
COHORT REGISTRATION FORM**

In agreement with the MSW cohort program, I understand that I will be automatically registered each semester and remain registered unless written notification is submitted to the Office of Student Advising before the beginning of each course. I acknowledge that I may not request specific weeknights, times, or professors. By signing this form, I understand that I must be available for weeknight/evening (Tuesday, Wednesdays and Thursdays) Web-Conferencing sessions, and class nights and times will vary by semester.

I understand that in order to be registered for future courses, my student account must be in good standing. I understand that I must maintain a cumulative 3.0 GPA throughout the MSW program. I acknowledge that I am financially responsible for all charges in the event of withdrawal from classes as outlined in Saint Leo University's current tuition refund policy.

IMPORTANT NOTIFICATION: Registration or seat reservations will not be made each term without your signature on this form.

Student Name: _____ **Signature:** _____

Student ID: _____ **Date:** _____

Please complete and submit this Cohort Registration form by fax to (352) 588-7873 or email it to MSWAdmissions@saintleo.edu.