

Graduate Cohort Registration Form

As part of the *Master of Science in Psychology Cohort Program*, I understand that I will be automatically registered each semester and remain registered unless written notification is submitted to the Office of Admission before the beginning of each course. I acknowledge that I may not request specific weeknights, times, or professors.

I understand that in order to be registered for future courses, my student account must be in good standing. 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! Registration cannot be processed and your seat will not be reserved each term without your signature below.

Signature: _____ Date: _____

Student ID or SSN: _____

Please complete this Graduate Cohort Registration form and fax it to 352-588-7873 or scan and email it to grad.admissions@saintleo.edu.