CBB
PROGRAM IN COMPUTATIONAL BIOLOGY & BIOINFORMATICS

COURSE REGISTRATION FORM

Name	Student ID	Quarter	Year

Class Number	Dept & Catalog #	Section	Description	Instructor	Time	Room

Future Recommendation(s): _____

_____

_____

Faculty/Advisor Name (Please print):_____

_____ _____

Faculty/Advisor Signature Date

Graduate Student Name (Please print): _____

_____ _____

Graduate Student Signature Date