**Rehabilitation Science PhD Program**

Course Registration Form

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| **Student Name** |  | **UFID** |
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| Please list your anticipated date of graduation : |  |
|  | Semester/Year |

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| --- | --- | --- | --- |
| Course # | Course Title | Instructor | # Credits |
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Students will be registered for all RSD courses. Students should [self-register](https://registrar.ufl.edu/soc/) or contact the course department for non-RSD course registration.

Students are required to have primary mentor review and approve course schedule

**Remove all holds prior to submitting this form:** [**https://student.ufl.edu**](https://student.ufl.edu) **< My Record: Holds**

Please return your completed registration form to Laura Quintana (lauraq@phhp.ufl.edu) no later than