



**Brock
University**

Department of Chemistry

St. Catharines, Ontario, Canada L2S 3A1

T: 905-688-5550, Ext. 3406 F: 905-682-9020

www.brocku.ca

CHEMISTRY GRADUATE PRE-REGISTRATION APPROVAL FORM

STUDENT NAME: _____

STUDENT ID #: _____

STUDENT BROCK EMAIL: _____



ACADEMIC YEAR: _____ TERM: _____
(Fall, Winter or Spring)

<u>Course</u>	<u>Number</u>	<u>Secondary Component (Lab Seminar)</u> (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Supervisor's signature subject to agreement of all committee members:

(supervisor's signature & date)

****Student MUST register to get paid!***



Student must register for course(s) via web.
Submit signed form to administrative assistant in MC E206
Financial penalty for late registration.