

GRADUATE MAL PROGRAM

Registration Form

Term: _____ Year: 2 _____ - 2 _____

MASTER OF ARTS IN LEADERSHIP

Mail to address below or fax to (612) 330-1215

New Student/Readmit:

Please check if you have attended
Augsburg College before:

Student Name: _____
Last First

Student ID# _____

Address: _____

SS # _____

Please indicate if your contact
information has changed:

Phone: _____ (H) _____ (W)

Email address: _____@augsborg.edu

Note: Emails will only be sent to Augsburg email addresses

DEPT/COURSE # (Ex: ML 514)	TERM/SECTION LTR (Ex: 2006TRI3-A)	COURSE CREDIT	GRADE OPTION	TITLE	DAY	MEETING TIME	Instructor

Student's Signature:	Date:	Department Signature:	Date:

IMPORTANT: Refer to the Augsburg College Academic Catalog for course prerequisites or contact the MAL Department.
Grade options: P = PASS/NO CREDIT; T = Traditional (4.0-0.0);
V = Audit (must have instructor's signature)

Augsburg College MAL Program
2211 Riverside Ave. CB 144
Minneapolis, MN 55454

Office use: Processor's signature: