

University of Pennsylvania Perelman School of Medicine
Master of Public Health Degree Program
Course Registration Permission Request for Penn Faculty

Please complete the information requested below as part of your registration request. Secondly, attach or include documentation and/or correspondence from the course instructor(s) granting permission for each course listed below.

First name	<input type="text"/>	Last name	<input type="text"/>	Date of birth	<input type="text"/>
Sex	<input type="text"/>	SSN	<input type="text"/>	Ethnicity	<input type="text"/>
Citizenship	<input type="text"/>	Visa type	<input type="text"/>	Native language	<input type="text"/>
Phone number	<input type="text"/>	Email address	<input type="text"/>	Penn ID	<input type="text"/>
Local Address	<input type="text"/>				

List the course(s) you are requesting permission for enrollment

Course number	<input type="text"/>	Course title	<input type="text"/>	Term offered	<input type="text"/>	Instructor	<input type="text"/>
Course number	<input type="text"/>	Course title	<input type="text"/>	Term offered	<input type="text"/>	Instructor	<input type="text"/>

Submission of this form is considered an official request to enroll in the course(s) identified above. You will be notified by email when your permit is issued. At that time you will be directed to complete your course registration via Penn in Touch <http://www.upenn.edu/pennintouch> . Once you complete your registration you will be billed for tuition and fees by the university. If you decide to drop a course you must do so via Penn in Touch prior to the end of the drop period. If you drop a course within the first two weeks of the term, will receive a full tuition refund. You will be responsible for 50% of the tuition and fees for any course dropped between the second and fourth weeks of the term. Students who withdraw from a course after the 4th week of the term will be responsible for 100% of tuition and fees.

The UPenn academic calendar can be found here: <http://www.upenn.edu/almanac/3yearcal.html>

DO NOT EMAIL THIS FORM. Send by US postal mail, confidential interoffice mail, fax, or hand deliver ONLY. As per university policy, personal information (i.e. social security number) is not to be transmitted by non-secure means (email).

Send form to:

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3620 Hamilton Walk
Philadelphia, PA 19104
Email: jmclaugh@mail.med.upenn.edu

FAX: (215) 537-9025