



# TOURO UNIVERSITY

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## CALIFORNIA

Office of the Registrar • 1310 Club Drive • Vallejo, CA 94592 • phone: 707-638-5984 • fax: 707-638-5267 • email: [tucaregistrar@tu.edu](mailto:tucaregistrar@tu.edu) • website: <http://tu.edu>

### REGISTRATION FORM

Academic Program:

DO  MSMHS-COM  Pharmacy  MSMHS-COP  Education  Joint MSPAS/MPH  Public Health  Nursing

Name \_\_\_\_\_ Class of \_\_\_\_\_ Student ID# \_\_\_\_\_  
(required)

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**SEMESTER** (PLEASE SELECT ONE):  **SUMMER**  **FALL**  **SPRING** **YEAR:** \_\_\_\_\_

<u>COURSE NUMBER</u>	<u>COURSE NAME</u>	<u>UNITS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Units This Semester

I agree to abide by the rules and regulations of Touro University California, and to uphold Touro University California standards of social and academic conduct at all times while on campus and while participating in clinical rotations.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only:

Date Received by Registrar's Office \_\_\_\_\_

Date Registration Completed \_\_\_\_\_ Processed by \_\_\_\_\_