

Course Selection

Please visit our website for course selection and prerequisite information.

<http://www.brandeis.edu/gps/programscourses/schedule/classes>

Course Number	Course Title	Online or On Campus (day of week)	Tuition
		<input type="checkbox"/> <input type="checkbox"/> _____	\$
		<input type="checkbox"/> <input type="checkbox"/> _____	\$
		<input type="checkbox"/> <input type="checkbox"/> _____	\$
Late registration fee			\$
Total			\$

Payment

Registration is not complete until payment has been received.

- My company _____ will reimburse Brandeis directly (tuition payment vouchers or other company authorization required).
- I have applied for financial aid and completed all appropriate paperwork
- I have enclosed a check (payable to Brandeis University) in the amount of \$ _____
- I have authorized Brandeis University to charge my credit card in the amount of \$ _____
- Visa Mastercard American Express Discover

Card # _____

Expiration Date _____

Card Validation Code _____

Cardholder's Name _____

Cardholder's Signature _____

Billing Address _____

Billing Telephone _____

Program Interest

Which program(s) are you currently enrolled in or interested in applying to?

- | | |
|--|--|
| <input type="checkbox"/> Bioinformatics | <input type="checkbox"/> Management of Projects and Programs |
| <input type="checkbox"/> Health & Medical Informatics | <input type="checkbox"/> Software Engineering |
| <input type="checkbox"/> Information Assurance | <input type="checkbox"/> Virtual Team Management & Communication |
| <input type="checkbox"/> Information Technology Management | <input type="checkbox"/> Undecided |

Educational Level

- | | | |
|--|-----------------------------|---------------------------------|
| <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> US | <input type="checkbox"/> non-US |
| <input type="checkbox"/> Master's Degree | <input type="checkbox"/> US | <input type="checkbox"/> non-US |
| <input type="checkbox"/> Doctorate | <input type="checkbox"/> US | <input type="checkbox"/> non-US |

How did you learn about us?

- | | |
|---|--|
| <input type="checkbox"/> Brandeis Website | <input type="checkbox"/> Google Search |
| <input type="checkbox"/> Online Advertisement | <input type="checkbox"/> Radio Advertisement |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Brandeis Alumni |
| <input type="checkbox"/> Co-worker | <input type="checkbox"/> Family Member or Friend |
| <input type="checkbox"/> Other _____ | |

Signature

I accept the responsibility for the information submitted on this form. I have read and agreed to the refund policies, the calendar, and the statement for non-U.S. Citizens (if applicable), as put forth by the Division of Graduate Professional Studies. I accept responsibility for following the policies stated in the Brandeis Student Rights and Responsibilities Handbook, the Brandeis Bulletin, and the Division of Graduate Professional Studies Student Handbook.

Signature _____

Date _____

Health Forms and Immunization: Please note that if you are registered as a full-time student (taking three or more courses) you will need to have proof of health insurance and complete health and immunization forms. Forms are available on our website for your convenience.