EMORY | ROLLINS SCHOOL OF PUBLIC HEALTH

Special-Standing Registration Form

<u>This form must be completed in order for Registration to be processed.</u>

NAME: _____ ID#: _____

E-MAIL: _____ PHONE#: _____

Indicate the semester and year in which you wish to enroll: ☐Spring ☐Summer ☐Fall of 20_____

A list of courses can be found: https://atlas.emory.edu/

Please view the Special Standing website for course availability for the semester. Any student who will be on campus will be required to be tested for COVID-19 prior to coming on campus. Additional information will be sent after course registration.

Class #	Subject	Catalog #	Class Section	Credit Hours	Grading Basis	Instructor's/ADAP Signature * IF Required
					☐ S/U ☐GR ☐ AU	
					☐ S/U ☐GR ☐ AU	
					☐ S/U ☐GR ☐ AU	
					☐ S/U ☐GR ☐ AU	

*Signature required for classes that require permission

**Please Note: Enrollment is based on space availability

Submit form to rsphenrollmentservices@emory.edu.
For more information, contact RSPH Enrollment Services (rsphenrollmentservices@emory.edu).

Student Signature: _____ Date: _____