



Special-Standing Registration Form Fall 2020

This form must be completed in order for Registration to be processed.

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 Fall 2020 semester. Any student who will be on campus this Fall 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
					<input type="checkbox"/> S/U <input type="checkbox"/> GR <input type="checkbox"/> AU	
					<input type="checkbox"/> S/U <input type="checkbox"/> GR <input type="checkbox"/> AU	
					<input type="checkbox"/> S/U <input type="checkbox"/> GR <input type="checkbox"/> AU	
					<input type="checkbox"/> S/U <input type="checkbox"/> GR <input type="checkbox"/> 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: _____