

EMC LEADERSHIP DEVELOPMENT SCHOLARSHIP

STUDENT REGISTRATION RECORD

(Please submit by October 15)

Name: _____

Address: _____

Name of School: _____

School Address: _____

Please include the dates when you expect to begin studies and when you expect to graduate or conclude studies.

Commencement of Studies _____

Conclusion of Studies _____

Courses for which you have registered	Credit hours	Tuition Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please state the number of courses, units, hours, etc., constituting a full academic year at the institution you are attending.

Credit hours required to graduate _____

Credit hours per year (full course load) _____

Registrar or designate signature _____

Applicant's signature: _____

Date: _____