

REGISTRATION FORM

**Computational Life Science (CLS) Program
Purdue University
West Lafayette IN 47907**

Prospective graduate students: Please fill and send this form along with the intended home department application. Upon admission this form should be signed by the CLS representative and sent to CLS office.

Current graduate students: Please fill, get signature of the CLS representative and send to CLS office.

(A student in the CLS program has to be enrolled in one of the participating departments at Purdue University. The student's transcript will state the specialization as Computational Life Science.)

Last Name: _____

First Name: _____

Campus Address: _____

E-Mail: _____

Phone #: _____

Home Department: _____

Graduate Program: (circle one) MS Ph.D.

To be filled by CLS representative of home department:

Approved _____

Not Approved _____

Comments: _____

Signature of CLS representative of home department

Date