**LL.M. Course Enrollment Form**

Semester: Fall 20_________ Spring 20_________ Summer 20_________

PID: ________________________________

First Name: __________________________ Surname: ________________________________

Phone #: ___________________________ MSU Email Address: ________________________

**Special Note to Scholarship Students:** The charge assessed for a course that is dropped after the 100% refund date is past is **NOT** covered by scholarships. The student will be required to pay the full rate of tuition for the dropped course.

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<tr>
<th>Course Number</th>
<th>Section Number</th>
<th>Section ID (6 digits)</th>
<th>Course Name</th>
<th>Credits</th>
<th>Drop</th>
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Student Signature: __________________________ Date: __________________________

LL.M. Program Advisor Signature: __________________________ Date: __________________________

Printed Name: __________________________ Date: __________________________

Associate Dean for Student Engagement Signature: __________________________ Date: __________________________

Comments: __________________________________________________________

*The Registrar's Office requires at least 24-48 hours to process all requests.*

Please submit in person to the Registrar's Office, Room 309, or by fax 517-432-6821.

**Office Use Only** SIS Entry by: _______________ Date: __________________________

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