



DOCTOR OF EDUCATION

COHORT & RESIDENCY REGISTRATION FORM

In agreement with the Doctor of Education program, I understand that I will be registered for the entire cohort and remain registered unless written notification is submitted to the Office of Admission and Advising before the beginning of each course. I understand that in order to be registered for future courses, my student account must be in good standing. I acknowledge that I am financial responsible for all charges in the event of withdrawal from classes as outlined in Saint Leo University's current tuition refund policy. I acknowledge that the Doctor of Education program has (1) residency, EDD 701, which takes place at University Campus in Saint Leo, FL. I acknowledge and understand that I am responsible for attending all residency requirements outlined by the program.

Student Name (print): _____ **Signature:** _____

Student ID: _____ **Date Signed:** _____

IMPORTANT NOTIFICATION: Registration or seat reservations will not be made each term without your signature on this form.

Please complete and submit this form by fax to (352) 588-7873 or email to your enrollment counselor and grad.admissions@saintleo.edu.