



DOCTOR OF BUSINESS ADMINISTRATION

COHORT & RESIDENCY REGISTRATION FORM

In agreement with the Doctor of Business Administration cohort program, I understand that I will be registered for the entire cohort and remain registered unless written notification is submitted to the Academic Advisor 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 financially 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 Business Administration program has residencies in the second week of the term for the following courses DBA 701 and DBA 770 which takes place at University Campus in Saint Leo, FL.

Student Name: _____ **Signature:** _____

Student ID: _____ **Date:** _____

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

Please complete and submit this Cohort Registration form via e-mail to: grad.admissions@saintleo.edu or fax: 352-588-7873