



**DEPARTMENT OF BIOCHEMISTRY  
FORCE REGISTRATION FORM**

140 Farber Hall  
South Campus  
Phone: 716-829-2727  
Fax: 716-829-2725

**Student Name:** \_\_\_\_\_

**Person Number:** \_\_\_\_\_

BIOCHEMISTRY Course you wish to be registered for:

\_\_\_\_\_

How many credit hours (if variable): \_\_\_\_\_

Your Academic Department: \_\_\_\_\_

Type Student: Undergrad    Graduate: MA/MS    Ph.D.    MD/Ph.D.  
(Circle type)

EMAIL ADDRESS: \_\_\_\_\_

Can Be Reach Number: \_\_\_\_\_

***I understand that I am responsible for any financial charges/tuition charges (IF APPLICABLE ) added to my bill by having this course force registered:***

\_\_\_\_\_  
Signature and date

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Dept. Use Only

Registration # \_\_\_\_\_

Date Forced In: \_\_\_\_\_