



GRADUATE ATTENDEE REGISTRATION FORM

Graduate Attendees will register under the provisions for non-matriculated Special Students and admitted to courses with the approval of the Dean (as the Advisor) and written permission from the instructor of the course(s). Registration is on a space available basis only. Registration forms should be submitted to the Dean of the College one week in advance of the first day of the term for which registration is sought.

DATE: \_\_\_\_\_ FALL \_\_\_\_\_ SPRING \_\_\_\_\_ Year of HWS Graduating Class \_\_\_\_\_ Hobart College \_\_\_\_\_ William Smith College \_\_\_\_\_ Hobart and William Smith Colleges

LAST NAME FIRST NAME MIDDLE INIT. NAME ATTENDED UNDER IF DIFFERENT

DATE OF BIRTH ( ) AREA CODE DAY TELEPHONE NUMBER

PERMANENT ADDRESS - MAIL WILL BE SENT TO THIS ADDRESS:

NEW GRADUATE ATTENDEES - Complete the data section below. RETURNING GRADUATE ATTENDEES - Complete only those areas in which a change has occurred since your last registration.

STREET CITY STATE ZIP ( ) AREA CODE HOME TELEPHONE

LOCAL ADDRESS - IF DIFFERENT FROM ABOVE:

STREET CITY STATE ZIP ( ) AREA CODE HOME TELEPHONE

COURSE SELECTION

Graduate Attendees may take up to two courses in any given term (see Graduate Attendee Program provisions prior to course selection). All courses will be taken for a grade unless otherwise specified (ie. Credit/no credit option) in comments area below. Courses taken for credit must be passed with a C- or better to earn credit.

Please check one: I wish to enroll in one course I wish to enroll in two courses

Class Schedule Confirmations will be available in the Registrar's Office at Open Registration or you may call 781-3651.

INCLUDE ONE ALTERNATE FOR EACH PREFERRED COURSE

Preferred Course No. 1

Preferred Course No. 2

Course Number Course Title Period Lab No. (if any) Faculty Approval

Course Number Course Title Period Lab No. (if any) Faculty Approval

ALTERNATE TO ABOVE

ALTERNATE TO ABOVE

Lab No. (if any) Faculty Approval

Lab No. (if any) Faculty Approval

COMMENTS:

Copy Distribution: Dean, Associate Provost, Registrar

Advisor's Signature Date