

FOREIGN LANGUAGE AUDIT COURSE REGISTRATION FORM

Foreign Language Teaching Scholars will register under the provisions for non matriculated students and admitted to courses with the approval of the Associate Provost and written permission from the instructor of the course. Non matriculated students must complete the [Non Matriculated Student Application Form PDF](#) (available on the HWS "Forms" website) PRIOR to completing this registration form. Registration is on a space available basis only. Registration forms should be submitted to the Associate Provost **in advance of the first day of the semester** for which registration is sought.

SEMESTER: _____ DATE: _____

 LAST NAME FIRST NAME MIDDLE INIT. STUDENT I.D. NUMBER

(check one) HOBART COLLEGE: _____ WILLIAM SMITH COLLEGE: _____

PERMANENT ADDRESS - MAIL WILL BE SENT TO THIS ADDRESS:

 STREET CITY STATE ZIP

 () - _____
 AREA CODE HOME TELEPHONE

LOCAL ADDRESS - IF DIFFERENT FROM ABOVE:

 STREET CITY STATE ZIP

 () - _____
 AREA CODE LOCAL TELEPHONE

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COURSE SELECTION

_____ **I wish to enroll for AUDIT (No Credit. No Grade.)**

Course Number	Section	Course Title	Instructor Approval	Date
FLAC – 900	_____	* _____ <i>*(PLEASE INCLUDE DEPT. COURSE NUMBER WITHIN TITLE ABOVE)</i>		

Course Number	Section	Course Title	Instructor Approval	Date
FLAC – 900	_____	* _____ <i>*(PLEASE INCLUDE DEPT. COURSE NUMBER WITHIN TITLE ABOVE)</i>		

_____ **I wish to enroll for CREDIT (Credit and Grade.)**

Dept. Course Number	Section	Course Title	Instructor Approval	Date
_____	_____	_____		

Dept. Course Number	Section	Course Title	Instructor Approval	Date
_____	_____	_____		

_____ Signature of Associate Provost
 _____ Date