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

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
Course Number ____________________________ Course Title ____________________________ Period ____________________________
Lab No. (if any) ____________________________ Faculty Approval __________________________
ALTERNATE TO ABOVE
Lab No. (if any) ____________________________ Faculty Approval __________________________
COMMENTS:
Copy Distribution: Dean, Associate Provost, Registrar

Preferred Course No. 2
Course Number ____________________________ Course Title ____________________________ Period ____________________________
Lab No. (if any) ____________________________ Faculty Approval __________________________
ALTERNATE TO ABOVE
Lab No. (if any) ____________________________ Faculty Approval __________________________

Advisor’s Signature ________________________ Date ________________________