

(Please print legibly. This form will become part of your permanent record.)

Skidmore ID#: _____ Name: _____

Class Year: _____ Term: _____ Year: _____

Instructor Approval is Required _____ Registration Can Be Processed.

TITLE: _____

CRN #: _____ COURSE: _____ SECTION #: _____ CREDITS: _____

Approval of Instructor (required): _____ Date: _____

Signature of Student: _____ Date: _____