

GCWS Student Registration Form: Students from Tufts University

STUDENT INFORMATION

Student Name:

Mailing Address:

Email Address:

HOME INSTITUTION INFORMATION

Institution: Tufts University

Degree Program/Department:

Faculty Advisor:

GCWS COURSE INFORMATION

Course Title:

Tufts Course Number:

Instructor/s:

Semester:

Course Dates:

Grade Option: Letter Grade

Credit: (Check if this is true) ____ This student **will** be seeking credit at home institution.

APPROVALS & SIGNATURES REQUIRED (in order of listing):

Signatures: Please circle 'May' or 'May Not' indicating whether or not credit at home institution will be pursued.

HOME INSTITUTION

1. **Registrar's Office:** Janet Frasier

*I verify that the above student is enrolled in good standing in the above-stated status at above-stated institution and program. She/he **may** / **may not** pursue credit at this institution. (Please circle one)*

Signature: _____

Date: _____

GRADUATE CONSORTIUM IN WOMEN'S STUDIES

2. **GCWS Program Manager:** *signs last*

Signature: _____

Date: _____