

GCWS Student Registration Form

STUDENT INFORMATION

Student Name: _____ Mailing Address: _____
Email Address: _____

HOME INSTITUTION INFORMATION

Institution: _____ Degree Program/Department: _____
Advisor: _____

MIT, Tufts, & UMass Boston students:

Home institution course number: _____

Northeastern & Harvard students:

Directed Study course number: _____

Faculty Sponsor: _____

****Harvard students wishing the course title to appear on their transcript may cross register directly through MIT. Contact the GCWS for more information.**

Boston College, Boston University, Brandeis University, and Simmons College students:

Brandeis, Boston College, and Boston University students will fill out cross-registration forms at their home institution. Simmons students consult the Gender/Cultural Studies director to register.

GCWS COURSE INFORMATION

Course title: _____

Instructor/s: _____

Semester: _____ **Course Dates:** _____

Grade Option: (Check One) ___ Letter Grade ___ Pass/No Credit

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:

*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: _____

2. Faculty Advisor:

*I verify that the above student is in good standing in her/his program and may enroll in the above course. She/He **may** / **may not** receive credit at the home institution. (Please circle one)*

Signature: _____ Date: _____

3. Graduate Dean's Office:

*Permission is granted for this student to enroll in the above course. She/He **may** / **may not** receive credit at the home institution. (Please circle one)*

Signature: _____ Date: _____

GRADUATE CONSORTIUM IN WOMEN'S STUDIES

4. Consortium Registrar: signs last

Signature: _____ Date: _____