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 pursed.

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: __________________________