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:
Branedeis, 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: _________________________