

Special Studies/Advanced Studies Registration Supplement

Smith College, Office of the Registrar, College Hall 102, ext.2561

Please Note: Submission of this form to the Registrar indicates that the course has been approved by the adviser.

Name: _____ ID# 990 _____ Ext. or Phone _____ Class YR _____ Undergrad Grad

Only 30 spaces will fit on your transcript. Please fill in shortened title below:

Write full title below, if different from shorter title:

Subj. / Course # _____ / _____ # of Credits _____ Term: ___ Fall ___ Spring ___ Yearlong (408D)
(You may register only for those departmental options listed in the catalog.)

This section for Grad students only:

Will this 400 or 500 level Special Studies/Advanced Studies also include participation in any undergraduate level course?

yes no If yes, please provide: Dept. / Course # _____ CRN # _____

Should a self-scheduled exam be prepared for him/her? yes no

Instructor (print) _____ Signature: _____ Date: _____

Dept. Chair (print) _____ Signature: _____ Date: _____

Please see reverse side for further instruction regarding your special studies.

8/07

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