

Bennington College, Massachusetts College of Liberal Arts, Williams College Cross-enrollment Program

APPLICATION FOR PARTICIPATION

NAME _____ SOCIAL SECURITY NUMBER _____
LAST FIRST MIDDLE

PERMANENT HOME ADDRESS _____ LOCAL ADDRESS _____
STREET AND NUMBER

CITY STATE ZIP

() _____ () _____
HOME PHONE NUMBER LOCAL PHONE NUMBER

HOME INSTITUTION MAJOR SEX (CIRCLE ONE) U.S. CITIZEN (CIRCLE ONE)

ID NUMBER (IF DIFFERENT FROM SOCIAL SECURITY NUMBER) GRADUATING CLASS DATE OF BIRTH

I WISH TO ENROLL IN THE COURSE LISTED BELOW TO BE TAKEN AT _____
(NAME OF HOST INSTITUTION)

DURING THE _____ OF _____
(TERM) (YEAR)

| COURSE AND SECTION NO. | COURSE TITLE | CR HRS/ UNITS | HOME INSTITUTION'S COURSE AND CREDIT EQUIVALENCY | CR HRS/ UNITS |
|------------------------|--------------|---------------|--|---------------|
| | | | (TO BE COMPLETED BY HOME INSTITUTION) | |
| | | | | |

IF I AM FAMILIAR WITH THE ELIGIBILITY REQUIREMENTS OF THIS PROGRAM AND UNDERSTAND THAT, BY SIGNING THIS DOCUMENT, I AM AUTHORIZING THE RELEASE OF ANY BIOGRAPHIC/DEMOGRAPHIC OR OTHER PERTINENT ACADEMIC INFORMATION (INCLUDING OFFICIAL TRANSCRIPTS) WHICH MAY BE REQUIRED FOR ENROLLMENT IN THIS PROGRAM.

STUDENT'S SIGNATURE DATE

APPROVALS REQUIRED (PLEASE SECURE IN ORDER LISTED)

1. DEAN/REGISTRAR _____ DATE _____
(HOME INSTITUTION)
2. COURSE INSTRUCTOR _____ DATE _____
3. DEAN/REGISTRAR _____ DATE _____
(HOST INSTITUTION)

STUDENT'S OVERALL GPA _____ STUDENT'S CLASS STANDING _____



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1. Make an appointment to see the Dean/Registrar at your school to discuss application. Complete form before interview.
2. If Dean/Registrar approves and signs the application, make an appointment with the instructor of the course. The course instructor has the right to refuse permission if the course is over-subscribed or the student does not meet prerequisite requirements.
3. Make an appointment with the Dean/Registrar of the host institution for final approval. If approved, the Dean/Registrar should send a copy of the form to all appropriate offices.