

Office Use Only

REGISTRATION FORM – DEGREE STUDENTS

Student Information

First Name _____ Last Name _____
 Student ID#: _____ - _____ Birth Date ___/___/___ Gender F M Citizenship USA Other _____

Address

LOCAL _____ PERM _____
 City _____ State: _____ Zip _____ City _____ State: _____ Zip _____
 Phone _____ Cell: _____ Phone _____ Cell: _____
 Email _____@corcoran.edu Email _____

Emergency Contact

Name _____ Relationship: _____
 Phone _____ Friend Parent Spouse Other _____

Academic Information Year: _____ Semester (check one): Fall Spring Summer

DEGREE AFA BA BFA BFA/MAT5 MA MAT Curriculum/Major _____
 CLASS LEVEL (If Bachelors) Foundation Sophomore Junior Senior

Course Selection (Check CORCboard for confirmation of your schedule and up-to-date information about course availability and scheduling)

Course Code	Section	Course Title	Day/ Start Time	# Credits	Credit or Audit	Instructor	**
AS1000	€	SAMPLE COURSE	M/W 1:30	3	Audit	SMITH	

** Students seeking enrollment in graduate level courses, and/or courses that require instructor approval must have the faculty initial next to the desired course in order to enroll.

Please note: If any of the above courses are full, you will be waitlisted, however, the Registrar's Office recommends that you submit an Add/Drop form to select another section/course to secure an appropriate course load to ensure academic progress. Students registering for a Directed Studies must submit a completed and signed Directed Studies Contract to add it to their schedule. Registration in Graduate Level courses requires permission of specific Graduate department.

Required Signatures

Student Signature _____ Date ___/___/___
 Academic Advisor _____ Date ___/___/___
 Studio Advisor _____ Date ___/___/___

Required Signature/Special Permission

Dir. Advising/Assoc Dean/Assoc Provost _____
 Date ___/___/___

Special Permissions/Office Use Only: