

(Please print legibly. This form will become part of your permanent record.)

Skidmore ID#: \_\_\_\_\_ Name: \_\_\_\_\_

Class Year: \_\_\_\_\_ Term: \_\_\_\_\_ Year: \_\_\_\_\_

Instructor Approval is Required Before Registration Can Be Processed.

TITLE: \_\_\_\_\_

CRN #: \_\_\_\_\_ COURSE: \_\_\_\_\_ SECTION #: \_\_\_\_\_ CREDITS: \_\_\_\_\_

Approval of Instructor (required): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_