



Course Registration Form

Academic Programs Office

Decorative Arts, Design History, Material Culture

PLEASE NOTE: Proposal forms for an independent study or consortium course should be obtained from the Academic Programs Office. The Graduate Committee must approve proposals before the start of the next semester.

Year: _____

(check one)

Fall Term

Spring Term

(check one)

MA PhD

(check one)

Full-time

Part-time

Student Name

ID Number

Advisor Name

Year Entered

Number of Credits Earned to Date

Email Address

COURSE REGISTRATION

Course Number Course Title Day/Time Credits

Course Number Course Title Day/Time Credits

Course Number Course Title Day/Time Credits

Course Number Course Title Day/Time Credits

Course Number Course Title Day/Time Credits

Course Number Course Title Day/Time Credits

Course Number Course Title Day/Time Credits

Student Signature _____ Date _____

Advisor Signature _____ Date _____