CROSS-SCHOOL/CROSS-PROGRAM REGISTRATION FORM

Please Print:

Name (last, first, middle): ___________________________ Hamline ID: ___________________________

Hamline Email: ___________________________ Phone: ___________________________

I am a(n):

☐ Undergraduate student
☐ Post baccalaureate student
☐ Graduate student in the Creative Writing Programs
☐ Graduate student in the MSL Program
☐ Graduate student in the School of Business
☐ Graduate student in the School of Education

Registering for a(n):

☐ Undergraduate course
☐ Creative Writing graduate course
☐ MSL graduate course
☐ School of Business graduate course
☐ School of Education graduate course

➢ Graduate students taking undergraduate courses must have met applicable course requirements and prerequisites.
➢ Tuition for courses taken outside your program area is charged at the same rate as your regular tuition.
➢ Call Student Administrative Services at 651-523-3000 with registration questions. Phone registration is not accepted.
➢ Return completed form to Student Administrative Services (East Hall 113) by the last day to add a class for the term. See the Official Academic Calendar (www.hamline.edu/academiccalendar) for specific dates.

Please register me for:

TERM: ☐ Fall ☐ Winter ☐ Spring ☐ Summer Year: ___________________________

Subject Number CRN Course Title Credits Instructor

student Signature: ___________________________ Date: ___________________________

Instructor Signature (required after first day of class): ___________________________ Date: ___________________________

Additional Approvals for Undergraduate students taking Graduate courses:

Undergraduate Advisor Signature*: ___________________________ Date: ___________________________

Graduate Program Director/Chair Signature: ___________________________ Date: ___________________________

Additional Approvals for Graduate students:

Home program: ☐ I approve this course to count toward the student’s current degree program.**

Signature of Home Program Director: ___________________________ Date: ___________________________

Course program: ☐ This student has permission to take this course.

Signature of Course Program Director: ___________________________ Date: ___________________________

*Education students registering for courses that will apply to their license area should get their education advisor’s signature.
**Courses not applicable to a student’s degree program may not be eligible for financial aid.