

Shared Languages Program Course Registration/Drop Form

Semester Fall Spring

Full Name: _____ Gender: _____

Date of birth: _____ (SSN) _____ Ethnicity (Optional): _____

Address: _____ Email: _____

Cell Phone: _____

Home Institution:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Albion College | <input type="checkbox"/> Allegheny College | <input type="checkbox"/> Antioch College | <input type="checkbox"/> Denison University |
| <input type="checkbox"/> DePauw University | <input type="checkbox"/> Earlham College | <input type="checkbox"/> Hope College | <input type="checkbox"/> Kenyon College |
| <input type="checkbox"/> Oberlin College | <input type="checkbox"/> Other | | |

COURSE ADD:

| CRN | DEPT | COURSE/SECTION | COURSE TITLE | HRS | INSTRUCTOR NAME |
|--------------------|-------------------|-----------------------|----------------------------------|----------------|----------------------------|
| (Example) 20555 | (Example) ARAB | (Example) 112 - 01 | (Example) Beginning Arabic II | (Example) 4 | (Example) Dr. Sue Smith |
| | | | | | |
| | | | | | |

COURSE DROP:

| CRN | DEPT | COURSE/SECTION | COURSE TITLE | HRS | INSTRUCTOR NAME |
|--------------------|-------------------|-----------------------|----------------------------------|----------------|----------------------------|
| (Example) 20555 | (Example) ARAB | (Example) 112 - 01 | (Example) Beginning Arabic II | (Example) 4 | (Example) Dr. Sue Smith |
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| | | | | | |

Have you enrolled in the Shared Languages Program before? Yes No

If yes, when? _____

Have you attended this host institution before? Yes No

If yes, when? _____

Students who are interested in participating in the Shared Language Program enrollment option must contact their home Registrar prior to registration. Approved students must register at both their home and host institution by submitting this form to the Registrar's Office at their home institution.

Schedule changes including requests for dropping a Shared Language Program Course must be initiated through both the home institution and the host institution's Registrar's Offices.

I understand that as a registered student at the host institution, I must observe all deadlines and policies regarding course enrollments. I must decide if I wish to remain registered in a course by the appropriate add/drop deadline in accordance with the host institution's deadline dates and I must observe all other deadlines for withdrawals, and changes to Pass/No Pass options.

I understand my responsibilities with regard to my request to register through the Shared Languages Program and agree to observe all policies and regulations of the host institution.

Home Institution Registrar: _____ Date: _____
(Signature)

Student: _____ Date: _____
(Signature)

SUBMIT THIS FORM TO THE HOST SCHOOL'S REGISTRAR'S OFFICE.

Albion College: registrar@albion.edu

Allegheny College: ibinning@allegheny.edu

Antioch College: rnapoli@antiochcollege.edu

Denison University: registrar@denison.edu

DePauw University: kjkirk@depauw.edu

Earlham College: stoutju@earlham.edu

Hope College: registrar@hope.edu

Kenyon College: harbourte@kenyon.edu

Oberlin College: registrar@oberlin.edu