

Graduate Student Registration Form

(for Unclassified and Re-Admitted Students)

Semester to be enrolled: Sp	oring 🛛 Summer	r 🗆 🛛 Fall 🗖	Year: 20		
Is this your first William and	Mary course?	Yes 🗆 No 🗖	Date last enrolled:		
Name:	(First)	(Middle)			
Mailing Address:					
Home phone: ()	Busii	ness phone: (_)(Cell phone: (_)
Please indicate if the above i	s a change of addre	ess since you last re	egistered: Yes	□ No □	3
SS#*:		Sex:	Male 🗆 Female 🗆	Date of Birth:	(MM-DD-YYYY)
Racial/Ethnic Category*:	Are you Hispanic	or Latino (includin	ig Spain)? Yes □	No 🗖	(MM-DD-1111)
Regardless of your answer to be a member:	the prior question,	please check one	or more of the followin	ng groups in which	you consider yourself to
Asian (including Indian su	ubcontinent and Ph	ilippines)	□ White (including	g Middle Eastern)	
Black or African AmericaAmerican Indian or Alask		· · · · · · · · · · · · · · · · · · ·		n or Other Pacific I	slander (Original Peoples)
Citizenship (requested by the	Federal Governme	ent): U.S. Citiz	en 🗆 Non-U.S. C	itizen 🛛 Country	/
*NOTE: Provision of this informa information will be confidential an		•		•	and Privacy Act that the
List the courses you wish to	ake. In the right-h	and column, obtain	n signatures of instruct	ors for all courses r	equiring permission.

CRN	SUBJ (CRIN, EDUC or EPPL)	Course #	Section #	Audit (Y or N)	Cr. Hrs.	Instructor Signature

If you wish to apply for in-state tuition rates, you must fill out the Application for In-state Tuition Privileges in addition to this form.

"Under § 23-2.2:1 of the Code of Virginia and the regulations thereunder, every institution of higher education located in Virginia is required to provide to the State Police the name, date of birth, and certain other directory information of each student who enrolls with the institution. The intent of this law is to ensure compliance with the requirement under Virginia law for sexual offenders to register with local law enforcement."

If I enroll, I agree to abide by the rules and regulations and the Honor Code of The College of William and Mary.

Signature ___

_ Date _____

SCHOOL OF EDUCATION

Office of Academic Programs P.O. Box 8795 Williamsburg, VA 23187-8795 Fax: 757-221-2293