



SIMMONS COLLEGE
Office of the Registrar
300 The Fenway, Boston, MA 02115
Tel 617.521.2111 Fax 617.521.3144
REGISTRATION FORM

Date: _____

Undergrad: Class year _____

Term and Year: Fall____ Spring____ Summer I____ Summer II____

Graduate

Student Name: _____ Simmons ID #: _____

Current Address: _____

Telephone Number: _____ E-mail Address: _____

COURSES:

Department	Course Number	Section Number	Number of Credits	Instructor's signature if course requires consent

ALTERNATIVE COURSES:

Student's Signature: _____ Date: _____

Adviser/Program Director's Signature: _____ Date: _____