



_____ Summer 2019

_____ Fall 2019

Simmons University students: Please obtain the Registrar's Office signature below before traveling to the host institution.

Name: _____
Last First

Home Institution: SIMMONS UNIVERSITY Simmons ID # _____ Date of birth: _____

Address: _____

Simmons email address: _____ Telephone number: _____

If you have previously applied for admission or registered at the host institution, please indicate the year: _____

REGISTRATION

List all courses that would be acceptable in the event that your first choice is full.

Choice #	Host Institution	Department	Course Number	Section	Course Title
1					
2					
3					

The course directory at www.colleges-fenway.org indicates whether the course is P/F for all students.

REQUIRED SIGNATURES

Student _____ Date _____

Simmons Registrar's Office _____ Date _____

This course will fulfill the following Simmons University requirement:

Approved: Registrar's Office/Department chair/Adviser signature: _____

TO BE COMPLETED BY REGISTRAR OF HOST INSTITUTION ID number at host institution _____

Registration is approved: Choice # 1 2 3

Registrar's Office _____ Date _____