



Graduate Course Registration Form

Name: _____ (Last) (First) (Middle)

Hollins University ID: _____

Address: _____ (Street) (City) (State) (Zip Code)

[] Please indicate if an address change has occurred since your last registration so that we may update our records.

Telephone: Home: _____ Work: _____

Place of employment: _____ E-mail address: _____

Degree candidate: [] yes [] no New student: [] yes [] no

Degree level: Circle the program that applies. C.A.S./M.A.L.S./M.A.T.: Track 1/M.A.T.: Track 2
Creative Writing M.F.A./Children's Literature MA/MFA/Screenwriting & Film Studies MA/MFA
MFA in Dance - Year Res./Low Res./3-Summer/Post Bac in Dance/MFA in Playwriting
Special - Nondegree-seeking student

Table with 7 columns: Subject, Course #, Section, Title, Instructor, Credits, CRN#

Alternate Course Selections:

Table with 7 columns: Subject, Course #, Section, Title, Instructor, Credits, CRN#

Note Independent studies must be titled at the time of registration and the independent study contract turned in with the registration form.

Signature _____ Date _____

By signing, student agrees that he/she understands and accepts policies regarding enrollment at Hollins University.

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