**COURSE ENROLLMENT FORM: HAMPSHIRE COURSES**

Check the **academic calendar** on the Hampshire website for the dates and deadlines referred to below. In all cases this form should be submitted to Central Records no later than the drop deadline at the beginning of the semester the course is offered.

**Pre-registration:** The period in fall or spring to register for courses for the upcoming semester.

**Add/Drop:** The period at the beginning of the semester to add and drop courses for the semester they are offered.

**Add Deadline:** At the beginning of the semester; the last day to add a course on TheHub, and the last day to request a Five College course.

**Drop Deadline:** At the beginning of the semester; the last day to drop a course on TheHub and the last day to submit this form to Central Records.

**Please check your reason for using this form:**

* Instructor Permission for a course designated on the TheHub as “Instructor Permission only” (submit anytime from pre-registration, by the drop deadline)
* Teaching Assistant (submit anytime from pre-registration, by the drop deadline)
  + Check if using as Division III Advanced Educational Activity
* Enrolling from a waitlist (after the add deadline, by the drop deadline)
* Instructor approval to enroll (after the add deadline, by the drop deadline)
* Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Name (print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Term:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Course Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Course Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty Name (print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_