**HOBART AND WILLIAM SMITH COLLEGES**

Office of the Registrar • Geneva, New York 14456-3397 • (315) 781-3651 • Fax (315) 781-3920

**HWS GRADUATE STUDENT (MAT) REGISTRATION FORM**

<table>
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<tr>
<th>Last name</th>
<th>First name</th>
<th>Student ID Number</th>
<th>Date</th>
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**FALL SEMESTER /YR: ____________ (Please select one track plus either EDUC 800):**

- **ADOL:**
  - **EDUC-601**
  - **EDUC-602**
  - **EDUC-603**
  - **EDUC-604**  
  - **EDUC-605**
  - **EDUC-606**
  - **EDUC-607**

- **CHILD:**
  - **EDUC-601**
  - **EDUC-602**
  - **EDUC-603**
  - **EDUC-604**
  - **EDUC-605**
  - **EDUC-606**
  - **EDUC-607**

- **CHILD (SPEC. ED):**
  - **EDUC-601**
  - **EDUC-602**
  - **EDUC-603**
  - **EDUC-604**
  - **EDUC-605**
  - **EDUC-606**

**X** MASTERS PROJECT (Req’d): **EDUC-800

**SPRING SEMESTER /YR: ____________**

**Students:** Complete the section below by securing the instructor permission to take UNDERGRADUATE courses at the GRADUATE level. You will be required to register for EDUC-820. In addition, register for three GRADUATE courses and either EDUC-801 or EDUC-803. Submit the completed form with all required signatures to the Registrar’s Office by 4 p.m., Wednesday of Advising Week.

**Instructor:** Please use the course numbering key below to designate graduate level course numbers.

**COURSE NUMBERING KEY:**

- 100 LEVEL UGRAD COURSES → RENUMBER TO 500-LEVEL
- 200 LEVEL UGRAD COURSES → RENUMBER TO 600-LEVEL
- 300 LEVEL UGRAD COURSES → RENUMBER TO 700-LEVEL
- 400 LEVEL UGRAD COURSES → RENUMBER TO 800-LEVEL

1.) **REQUIRED COURSE**

**EDUC-820 Graduate Education**

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<tr>
<th>Instructor Signature</th>
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2.) **Check one option:**

- _______ MASTERS PROJECT: *EDUC-801**  
- **OR-**  
- _______ MASTERS THESIS: *EDUC-803**

3.) **UGRAD Class NO.**

**Dept. and Course NO.**

**Course Title**

**Graded Option Only**

**Note to Instructor:** Select ONE option:

- Register student **within** the current undergraduate MAX enrollment- please initial here

- Register student **in addition** to current undergraduate MAX enrollment- please initial here

**GRADUATE Dept. and Course NO.**

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4.)

**UGRAD Class NO.**

**Dept. and Course NO.**

**Course Title**

**Graded Option Only**

**Note to Instructor:** Select ONE option:

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5.)

**UGRAD Class NO.**

**Dept. and Course NO.**

**Course Title**

**Graded Option Only**

**Note to Instructor:** Select ONE option:

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**GRADUATE Dept. and Course NO.**

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Signature of Graduate Advisor | Date |

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<th>Signature of Director of MAT Program</th>
<th>Date</th>
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