



HARVARD
FAS Registrar's Office

SECONDARY FIELD FORM

HARVARD UNIVERSITY
FAS Registrar's Office
Smith Campus Center, Suite 450
1350 Massachusetts Avenue Cambridge, MA 02138
(617) 495-1543

COURSES FOR SECONDARY FIELD

Course Name: _____ Course Name _____
 Course Name: _____ Course Name _____
 Course Name: _____ Course Name _____

HARVARD COLLEGE INFORMATION

Family Name (Last): _____
 Given Name (First): _____
 HUID: _____
 House: _____
 Expected Graduation Date: _____
 Secondary Field: _____

Signature of Secondary Field Advisor/DUS: _____ Date: _____

Student's Signature: _____ Date : _____

PLEASE SUBMIT FORM TO THE OFFICE OF THE REGISTRAR. (SEE ADDRESS ABOVE)

REGISTRAR'S OFFICE USE ONLY DATE RECEIVED: _____ DATE PROCESED: _____ INITIAL: _____