



This form must be completed and submitted before the Seventh Monday of the term.

Student Information

ID: _____ Name: _____

Department/Concentration: _____ House: _____

Email address: _____

Course Information

Term of the course (please include fall/spring and year): _____

Course name: _____ Class number: _____

Term of the course (please include fall/spring and year): _____

Course name: _____ Class number: _____

Signatures

Concentration or
First Year Advisor Signature: _____

Resident Dean of First Years or
Allston Burr Assistant Dean Signature: _____

Student Signature: _____ Date: _____

Submit this form to the FAS Registrar's Office:

Smith Campus Center, Suite 450
1350 Massachusetts Avenue
Cambridge, Massachusetts 02138

(617) 496-9488
enrollment@fas.harvard.edu

For office use only

Date processed: _____

Initials: _____