



FACULTY CONSENT FORM FOR COURSE REGISTRATIONS/ADDITIONS

STUDENT ID: DATE: SEMESTER:

LAST NAME: FIRST NAME: MIDDLE NAME:

Table with 4 columns: Course & Section # or Synonym, Course Title, Instructor, # of Credits

Required Signatures:

I agree to abide by all policies and procedures as stated in Manhattanville College's publications including payment of all charges and collection fees. I realize I am solely responsible for selecting the courses needed for my degree.

Student Signature: Date:

DEPARTMENT USE ONLY:

(Adjunct faculty may not approve these changes and should refer student to the department chairperson.)

Department Approval: Date:

Please initial all that apply: Waive Prerequisite(s) Faculty Consent Register for Closed Section

Approval expires on (m/d/y). If blank, then expires last day of add/drop for term.



FACULTY CONSENT FORM FOR COURSE REGISTRATIONS/ADDITIONS

STUDENT ID: DATE: SEMESTER:

LAST NAME: FIRST NAME: MIDDLE NAME:

Table with 4 columns: Course & Section # or Synonym, Course Title, Instructor, # of Credits

Required Signatures:

I agree to abide by all policies and procedures as stated in Manhattanville College's publications including payment of all charges and collection fees. I realize I am solely responsible for selecting the courses needed for my degree.

Student Signature: Date:

DEPARTMENT USE ONLY:

(Adjunct faculty may not approve these changes and should refer student to the department chairperson.)

Department Approval: Date:

Please initial all that apply: Waive Prerequisite(s) Faculty Consent Register for Closed Section

Approval expires on (m/d/y). If blank, then expires last day of add/drop for term.