



FACULTY CONSENT FORM FOR COURSE REGISTRATIONS/ADDITIONS

STUDENT ID:	DATE:	SEMESTER:
LAST NAME:	FIRST NAME:	MIDDLE NAME:

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) _____ Instructor Permission/Departmental Consent Required

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

**** RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE (REID-3rd Floor) ****

4/2019



FACULTY CONSENT FORM FOR COURSE REGISTRATIONS/ADDITIONS

STUDENT ID:	DATE:	SEMESTER:
LAST NAME:	FIRST NAME:	MIDDLE NAME:

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) _____ Instructor Permission/Departmental Consent Required

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

**** RETURN THIS COMPLETED FORM TO THE REGISTRAR'S OFFICE (REID-3rd Floor) ****

4/2019