

Application for Course Registration High School Scholar

Name: _____ Date: _____

Address: _____

Telephone Number: _____ Date of Birth: _____

High School: _____

Guidance Counselor: _____

Course Registration

Term: Fall _____ Winter _____

	CRN #	Dept.	Course #	Section	Course Title
Preference 1					
Preference 2					
Preference 3					

High School students may register for one course per semester. You may drop the course and add another within the first ten days of the semester. You must notify the Registrar and Student Financial Office if you drop a course and do not add another during the semester.

I verify I have completed all first-year forms needed to register as a High School Scholar.

Student Signature: _____ Date: _____

Please email this completed form to Registrar@Bates.edu or call (207) 755-5949 with any questions.