



# COLGATE UNIVERSITY COURSE REGISTRATION FORM

**Student:**  
**Class Year:**  
**Registration Term:**

**Major 1:**  
**Major 2:**  
**Minor:**

**Colgate ID:**  
**Registration PIN:**  
**Study Group:**

**\*\*Please provide alternate selections for all courses, even if you have an early registration time.\*\***

		CRN	Dept	Course	Sect	Lab	Title	Times	Days	Signature (if required)
1	Primary									
	Alternate									
	Alternate									
2	Primary									
	Alternate									
	Alternate									
3	Primary									
	Alternate									
	Alternate									
4	Primary									
	Alternate									
	Alternate									

**On-Campus students** must discuss their course selection with their academic adviser and obtain their registration PIN.

**Off-Campus students** (i.e., study group or of leave of absence) should fax this form to the Registrar's Office (315-228-7125), or email course selections and alternates to [registrar@mail.colgate.edu](mailto:registrar@mail.colgate.edu). All course registration information should be submitted at least 2 days prior to your scheduled registration time.

**All Students** are responsible for understanding and meeting graduation requirements, including distribution, CORE, concentration, language, Physical Education, and writing (if stipulated upon admission).

**Academic Adviser Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**\*\*It is recommended that you have your academic adviser sign this form in case you lose your registration PIN\*\***