

CONSORTIUM ON FORCED MIGRATION, DISPLACEMENT AND EDUCATION

REGISTRATION FORM

Student Legal Name: _____ Date of Birth: _____

Preferred Name: _____ Pronouns: _____

Race/Ethnicity: _____ US Citizen: Y N Sex: M F

Home Address: _____

City: _____ State: _____ Zip: _____ Country _____

Home Phone Number: _____ Email Address: _____

Major/Concentration: _____ Term Standing: _____

HOME INSTITUTION

Bard

Bennington

Sarah Lawrence College

The New School

Vassar College

HOST INSTITUTION

Bard

Bennington

Sarah Lawrence College

The New School

Vassar College

Term Course is Offered: _____

Course Number: _____ Course Title: _____

Credit Hours: _____

APPROVALS REQUIRED (Please secure in order listed):

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Dean/Registrar (Home Institution): _____ Date: _____

Course Instructor: _____ Date: _____

Dean/Registrar (Host Institution): _____ Date: _____