

DICKINSON COLLEGE
REGISTRAR'S OFFICE
Graduate Course Registration Form
P.O. Box 1773
Carlisle PA 17013-2896

NOTE: This form is only for non-matriculated students, who are just taking one or two courses.

All fields are **required** unless designated otherwise. Please submit an official transcript showing completion of a bachelor's degree to the above address (unless you graduated from Dickinson College's undergraduate program).

Full Legal Name: _____
Last, First Preferred First

Address: _____
Street

City State Zip Code

Email Address: _____

Phone Number: _____

Citizenship: ☐ US ☐ Other: _____

Gender: ☐ Female ☐ Male

Date of Birth: _____

Ethnicity (optional):

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White or Caucasian
- ☐ Multi-ethnic
- ☐ Other

Institution currently attending or completed: _____

Fall 2024 Term Course Registration:

Credit Audit (choose either credit or audit for each course you're taking)

- ☐ ☐ MGCD 862 – Disaster Recovery and Resilience – Wednesday 1:00-4:00 pm ET
- ☐ ☐ MGCD 863 – Complex Emergencies and International Organizations – Thursday 1:00-4:00 pm ET

Signature: _____ Date: _____