



Columbia College

Approval for Co-enrollment in Women's College

Name _____ Columbia College ID No. _____

Email _____ Phone No. _____

I hereby apply for permission to enroll in the **Women's College at Columbia College.**

Semester Registering _____

Course Prefix, No. & Section	Approval by Division Head

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

This form must be completed before registering for the class.

**PROMPTLY RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR
2nd floor of the Allison Administrative building**

FOR OFFICE USE ONLY

This student is eligible to enroll in courses listed above, dependent on enrollment.

Provost's Approval _____ Date: _____

Copies to: Registrar, Provost, Academic Advisor, Student