

WILLIAMS COLLEGE CROSS-ENROLLMENT PROGRAM

APPLICATION FOR PARTICIPATION

Student's Name: _____ Date of Birth: _____

Social Security Number: _____ US Citizen: Y N Sex: M F

Permanent Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Local Phone Number: _____ Email Address: _____

Concentration: _____ Term Standing: _____

Host Institution: _____ Term Course is Offered: _____

Course Number: _____ Course Title: _____

Credit Hours: _____ Home Institution Equivalency: _____

Please note: One Williams College course earns 4 credit hours at Bennington College. Students must earn a grade of C or above to transfer credit. Bennington College does not transfer grades or grade points from other institutions; only credits are transferred.

- By checking this box, I agree to allow Bennington to share my contact information with other students approved for the cross-enrollment program for the purposes of arranging carpooling.

Please attach a typed explanation as to how this particular course fits in with your Bennington academic plan.

I am familiar with the eligibility requirements of this program and understand that by signing this document I am authorizing the release of any biographical/demographic or other pertinent academic information (including official transcripts) which may be required for enrollment in this program.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

APPROVALS REQUIRED (Please secure in order listed AFTER you have received approval to cross enroll.)

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

Course Instructor: _____ Date: _____

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

For more information contact:
Bennington College Dean's Office at 802-440-4400
Williams College Registrar's Office at 413-597-4286