Longy
School of Music
of Bard College

Name _____

REGISTRATION FORM

Fall 2017

Local Address _____ Permanent Address _____

_____ _____

Telephone _____ Telephone _____

E-mail: _____

To which address should grades and bills be addressed? ☐ Local ☐ Permanent

Program: ☐ UD ☐ MM ☐ GPD ☐ AD

Major: _____ Expected graduation semester: _____

Course Code	Course Title	Lessons	Credits	Tuition
	Total			

Signed: _____ _____

Department Chair *Date*

Signed: _____ _____

Business Office clearance *Date*

Signed: _____ _____

Registrar *Date*

By signing below, I agree to comply fully with all regulations and procedures contained in the Information and Policies Student Handbook.

Signed: _____ _____

Student *Date*