



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  
2<sup>nd</sup> 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