

ENROLLMENT FORM FOR TEACHERS COLLEGE

Instrumental music instruction classes

PLEASE NOTE: COLUMBIA COLLEGE STUDENTS ARE BILLED DIRECTLY BY COLUMBIA COLLEGE FOR ADDITIONAL TUITION AND FEES RELATED TO THIS COURSE.

Name_____ UNI_____

Class/Year_____ Advising Dean_____

Local Address_____ Phone #_____

Major_____ Email_____

Course (Title and number): _____

**I UNDERSTAND THAT I AM REGISTERING FOR A ONE-CREDIT COURSE AND THAT
I AM RESPONSIBLE FOR THE TUITION AS WELL AS ANY OTHER FEES
ASSOCIATED WITH THIS COURSE.**

STUDENT SIGNATURE _____ Date_____

_____ DO NOT WRITE BELOW THIS LINE _____

Petition: _____ Approved _____ Not Approved

Dean's Signature: _____ Date: _____
Kathryn B. Yatrakis, Dean of Academic Affairs

cc: Center for Student Advising: Student File
CU Registrar

