



# CLAREMONT MCKENNA COLLEGE

## REGISTRATION FORM

*(Please obtain registration clearance from your advisor)*

STUDENT ID: \_\_\_\_\_ Name: \_\_\_\_\_

Major: \_\_\_\_\_

Double Major: \_\_\_\_\_

Dual Major: \_\_\_\_\_

Sequence: \_\_\_\_\_

**Anticipated Grad Session/Year:** \_\_\_\_\_ **Class:** \_\_\_\_\_

### Preferred Courses

Course Number and College	Section #	Days	Time	Instructor

### Alternative/Additional Courses
