



PETITION TO REGISTER FOR A COURSE AT EARLHAM COLLEGE

___ BETHANY THEOLOGICAL SEMINARY

___ EARLHAM SCHOOL OF RELIGION

Date _____

Name _____ ID# _____ Term _____ Year _____

I would like to register for the following course offered at Earlham College:

Course No _____ Course Title _____

Permission has been granted by:

Earlham College Course Instructor _____

Academic Dean ESR/Bethany _____

Academic Dean, Earlham College _____

PLEASE RETURN THIS FORM TO ACADEMIC SERVICES
WITH YOUR REGISTRATION CARD