



Harvey Mudd College Employee Course Registration Form

Last Name: [] First Name: [] Middle Name: []

Employee Department: [] Employee ID: []

If you are registering for the first time, please complete this section.

Address: [] Phone: []

City: [] State: [] Zip: [] SSN: []

Gender: Male Female Date of Birth: [] Birthplace: []

Hispanic: Yes No Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian/Other Pacific Islander White

Term: FALL SPRING SUMMER Year: [] Course Number: [] Course Section: []

Course Title: []

I, _____, the instructor of the above referenced course approve registration for the course of the named HMC employee.

Instructor Signature: _____ Date: _____

I understand that I may enroll in one course per semester at HMC, with the instructor's approval, and tuition and fees are waived.

Employee Signature: _____ Date: _____