



COURSE REGISTRATION FORM

Please fill out the form below **completely and legibly**. Forms must be submitted to Rebecca within the pre-defined deadline.

Late forms will not be taken into account.

Name : Semester:

Home campus :

Paris campus : Paris Student ID n° :

E-mail :

Phone number :

Course Number	Course Title and Description	Professor (Name + E-mail)	Department	Level (L1, L2, etc.)	Hours Per Week	Weeks Per Semester	Total Semester Hours

Other Activities (Teaching, au pair, work, tutoring...):