MALS ENROLLMENT PLANS Year:_____

Please complete this form whether or not you plan to enroll this term.

Return to: 6092 Wentworth Hall, Room 116, Dartmouth College, Hanover, NH 03755-3526

<u>IMPORTANT</u>: This form is designed to tell us your enrollment plans. It does not register you in classes or check you in. Course selection and check-in must be completed on-line by you.

NAME:			STUI	STUDENT DID:(S.S. # if entering 1st term only)		
last	first	middle (m	naiden) (S.S. # if			
E-MAIL (New Students	Only*):					
E-MAIL (New Students *Returning Students are expect	ed to use Dartmouth Email (l	BlitzMail)				
LOCAL ADDRESS:						
	street & number on/ne	ear campus if temp	orary residence			
				CITIZEN?	Y N	
city		state	zip			
LOCAL PHONE NUM	BER:					
TERM (please circle on	e): Summer,	Fall,	Winter,	Spring		
Please check one:						
I intend	d to enroll in the MALS	5 program for t	he above term.			
I wish	to take the above term	off, but will rer	nain in the MA	IS program		
1 Wight	to take the above term	on, but will let		es program.		
I plan t	to discontinue the MAI	LS program. Co	onsider me with	ndrawn.		
I plan to take	courses during the	above Term:				
List courses elected (1 f	or part-time; 2 for full-	time)				
Dept/#:	Course Title:					
Donat /#	Course Tille					
Dept/#:	Course Title:					
Dept/#:	Course Title:					
I plan to take	units of Thesis Rese	earch during the	e above Term (se	elect 1 or 2)		
IMPORTANT (Please c	heck one below – this a	allows us to pla	ın courses and s	cholarships!)	:	
• I am a full-tim	e, part-time,	Summer-onl	y student.			