

**UNIVERSITY OF PENNSYLVANIA  
SCHOOL OF DESIGN  
NON-DEGREE STUDENT ENROLLMENT FORM**

Permission to take a PennDesign course as a non-degree student must be granted by the Chair of the Department where the course is offered as well as by the instructor of the course. Each Department may have its own additional admissions requirements, such as submission of GREs or undergraduate transcripts, and should be contacted directly for further information.

**INSTRUCTIONS FOR THE STUDENT:**

Please fill out the section below and submit it to the Department for the appropriate signatures. When this form has been approved by the Chair and the instructor(s), return it with your completed New Student Data Form to the Registrar's Office, 110 Meyerson Hall, School of Design, University of Pennsylvania, Philadelphia, PA 19104-6311. The New Student Data Form **must** be submitted before registration.

Student's Name: \_\_\_\_\_

Student's Social Security #: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Undergraduate Degree: \_\_\_\_\_ Date Conferred: \_\_\_\_\_

Undergraduate Institution: \_\_\_\_\_

**Permission to register for the following courses:**

SUBJECT CODE	COURSE NUMBER	SECTION NUMBER	COURSE UNITS
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example:

A R C H	7 6 5	0 0 1	0 1 . 0 0
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Instructor Signature: _____	Chair Signature: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Instructor Signature: _____	Chair Signature: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Instructor Signature: _____	Chair Signature: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Instructor Signature: _____	Chair Signature: _____
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I certify that the information submitted on this form is true and understand that it may be subject to verification.

Signature of Student: \_\_\_\_\_