



Provide all the course information below, obtain all signatures, and submit the completed form to the BST Registrar's Office during the registration period. Without this form and all necessary information, your registration in the Advanced Standing is incomplete and you will not be registered.

**Student's Name:** \_\_\_\_\_ **BST ID #:** \_\_\_\_\_

**Program:** \_\_\_\_\_ **Year in Program:** \_\_\_\_\_ **School of Affiliation:** \_\_\_\_\_

**Term:** Fall    Intercession    Spring    Summer    **Academic Year:** \_\_\_\_\_

**Course Title** (to appear on transcript): \_\_\_\_\_

*It is strongly encouraged that you limit your title to 50 characters or less, including spacing and punctuation; characters beyond 50 may not appear correctly on your transcript!*

**Course Number** (check one):  DM 6667

**Faculty Name:** \_\_\_\_\_ **Thematic Cohort:** \_\_\_\_\_

**Units** (check one):    3.00                    1.50                    Other \_\_\_\_\_

**Grade Option** (check one)    Pass/Fail            Letter Grade

**Method for Evaluation** (check all applicable):

Written Report/Reflection    Presentation            Paper/Examination    Other \_\_\_\_\_

*Clear statement of competencies achieved must be included. You must provide documented evidence of achievement of competencies listed. Forms which lack these elements will not be approved by the Dean of Faculty. Attach documentation separately.*

**Competencies Achieved:** \_\_\_\_\_  
\_\_\_\_\_

**List of Documents Attached:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bibliography:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Faculty Mentor**                    **Date**    **Faculty Mentor**                    **Date**    **BST Dean of Faculty**                    **Date**