



Full Name: \_\_\_\_\_ Major: \_\_\_\_\_

**Length of study:**

Fall  Academic Year  Spring

**Please list your course choices in order of preference,** and be certain that you have these courses pre-approved by your home university. List at least eight options in case of scheduling conflicts.

	Course Title	Course Code	Term	Credits	Department
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____

If you have general subject requirements, please list them below (e.g., "I need one psychology class and one economics class.") Remember, these course selections are final, pending approval by RHUL.

---



---

**\*Please retain a copy of this form for your records.**

