



Full Name: _____ Major: _____

Length of study:

Fall
 Academic Year
 Spring Two-Term

Please list your course choices in order of preference, and be certain that you have these courses pre-approved by your home university.

	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, you will register for courses upon arrival at SOAS.

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

