



Rhode Island School of Design
 Office of the Registrar
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Cross-Registration Enrollment Form for Brown University Students

- Have you ever registered for a RISD course before (even if you never completed it)?: **Yes/No**
- If **Yes**, what was your previous RISD ID Number (if known)?: _____

Personal Information:

- Last Name: _____ Middle: _____ First: _____
- Address: Brown University
 69 Brown Street
 Providence, RI 02912
 Campus Box Number: _____
- Phone Number: _____
- E-Mail Address: _____

Registration Information:

- Semester/Year: _____
- RISD Course Subject: (e.g.: APPAR, ARCH, FAV) _____
- Course Number: _____ Section Number: _____
- Grade Option (circle one): **Letter Grade** or **Satisfactory/No Credit**

Course Fee (due at time of registration):

- Is there a fee associated with this course?: **Yes/No**
- If **Yes**, what is the amount?: _____
- Student Financial Services Signature: _____ Date Rec'd: _____

Student Signature: _____ **Date:** _____