MOUNT HOLYOKE

# Five College Permission Form

*For Mount Holyoke College students to obtain permission to enroll in a course at one of the other colleges, if not requesting permission from the instructor via email.*

During the **Add/Drop Registration** periods in January and September, instructor permission is needed for ***all*** Five College courses. During the **Pre-Registration** periods in April and November, not all courses need permission; instructor permission is **only needed** when the **course description** indicates that **the course requires the instructor's consent**.

**Return the signed form to the Office of the Registrar.** If your instructor has given you **permission via email**, forward the permission email to registrar@mtholyoke.edu. The paper form is not needed if emailed permission has been given.

**To complete the process, you must also request the Five College course(s) through Self Service.**

Student name: _____ Class year: _____ Student ID#: _____

Course semester & year: _____
(e.g. "Fall 2026")

Course number & name: _____
(e.g. "CHEM-111-03 Gen Chem-Sci")

Course instructor name: _____

Lab and/or discussion section, if required: _____
(e.g. "CHEM-111-99LU - Lab")

Lab and/or discussion instructor name: _____

**Course taught at:**

- ☐ Amherst College
- ☐ Smith College
- ☐ UMass - Amherst

## For Instructor Use

I agree that the student is academically eligible for this course. I am granting the student permission to enroll in the course **and** any lab or discussion components that may be required.

During Pre-Registration registration periods (April and November), I understand that I am not able to guarantee the student a seat if the course is full, and that my permission only allows them to **attempt** to register.

During Add/Drop registration periods (January and September), I understand that by signing this form I am **guaranteeing** the student a seat in the course, **even if the course is full** by the time my home institution receives and processes the **student's request.**

If this course is an **independent study**, please include the number of credits the student will complete: _____

Course instructor signature: _____ Date: _____

Lab/discussion instructor signature: _____ Date: _____
(*Only needed if the course instructor cannot give permission for labs/discussions*)