

Bowdoin College

Enrollment/Registration Form for Teaching Fellows

This form serves to notify the College officially that you are on campus and attending classes.
This form MUST be returned to the Office of the Registrar in order to complete the course registration process.

Today's Date _____ Bowdoin ID _____

Teaching Fellow's Full Name _____

Birthdate _____ Email _____

Local Address _____

City/State/Zip _____

Billing Address _____

City/State/Zip _____

Cell Phone _____ Local Phone _____

Bowdoin Department _____

Hispanic or Latino? ☐ Yes ☐ No

Please check all that apply:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Gender: ☐ Male ☐ Female

Marital Status: ☐ Single ☐ Married

Please select one:

- ☐ United States (US) Citizen
- ☐ Dual Citizen, US & Other Country
- ☐ Non-US Citizen
- ☐ Legal Permanent Resident

Non-US Countries of Citizenship:

Social Security # _____

Bowdoin is required by the Internal Revenue Service to request your Social Security Number (SSN/Individual Taxpayer Identification Number (ITIN)) in writing annually so that it may be included on an information return (e.g., 1098-T) the College is required to file each tax year. Please be aware that if you fail to provide your correct SSN/ITIN to the College, you will be subject to a penalty from the IRS.

Person to Contact in Case of an Emergency:

Name _____

Relationship _____

Address _____

City/State/Zip _____

Cell Phone _____ Other Phone _____

Office of the Registrar • 4500 College Station • Brunswick • Maine 04011-8436 •
Sarah Orne Jewett Hall, 1st Floor • Monday-Friday, 8:30am-5:00pm
Tel 207.725.3521 • Fax 207.725.3338 • registrar@bowdoin.edu

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Person to Contact in Case You are Missing:

Name_____

Relationship_____

Local Address_____

City/State/Zip_____

Cell Phone_____ Other Phone_____

1st COURSE INFORMATION AND APPROVAL

Subject_____ Number_____ Section_____ CRN (5-digit)_____

Title_____

Course Grade Mode: ☐ Standard Letter Grade ☐ Credit/D/Fail ☐ Audit (No Credit)

Instructor's Printed Name_____

Instructor's Signature_____

Linked Lab Number_____ Lab Section_____ Lab CRN (5-digit)_____

Lab Instructor's Printed Name_____

Lab Instructor's Signature_____

2nd COURSE INFORMATION AND APPROVAL

Subject_____ Number_____ Section_____ CRN (5-digit)_____

Title_____

Course Grade Mode: ☐ Standard Letter Grade ☐ Credit/D/Fail ☐ Audit (No Credit)

Instructor's Printed Name_____

Instructor's Signature_____

Linked Lab Number_____ Lab Section_____ Lab CRN (5-digit)_____

Lab Instructor's Printed Name_____

Lab Instructor's Signature_____