

BACHELOR OF ARTS (ADVANCED) REGISTRATION FORM

This form is to be completed by students enrolled in the Bachelor of Arts (Advanced).
Please indicate your current preferences for your two Majors, to be incorporated into your study plan, along with the core and elective courses of the program.

Family name:		Given name(s):	
Student ID:		Phone Number:	
Email address:@student.adelaide.edu.au		
Year/semester started:			
Current choices for your two majors:	1. 2.		
Which discipline would you prefer to be assigned a mentor in:			
I will study: (please tick)	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	
I agree to my name, email address, and major disciplines being shared with other BA(Adv) students	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

Student signature:		Date:	
Acting Program Coordinator, Dr Mike Wilmore:		Date:	

<i>OFFICE USE ONLY -</i>	Date:	
Study Plan Issued:	TRIM:	
Meeting Details:		