Use a separate form for each term or half-term

Harvard School of Public Health

GUEST REGISTRATION FORM

TAP RECIPIENT, AFFILIATE, ALUMNUS, AND BAPH PROFESSIONAL

Term _____

Year _____

*This form will **not be accepted** if it is incomplete or submitted past the deadline.*

Name: _____ _____ **Harvard ID Number:** _____
Last First

Local Address: _____ **Home/Cell Telephone:** _____

_____ **Work Telephone:** _____
City State ZIP

Email Address: _____

Harvard Affiliation:

- ☐ TAP recipient
- ☐ HARVARD AFFILIATE. Employee of Harvard-Affiliated Institution. Institution by which you are employed: _____
- ☐ BOSTON AREA PUBLIC HEALTH PROFESSIONAL.
- ☐ HSPH ALUMNUS. HSPH Degree: _____ Degree Date: _____

Course Selection:

Course Code	Course Title	Instructor's Name	Credits*	**Circle** Grading Option	Instructor's Signature
				Ordinal - Pass-Fail	
				Ordinal - Pass-Fail	
				Ordinal - Pass-Fail	
				Ordinal - Pass-Fail	

* You may not exceed 10 credits per semester.

~ For office use only ~

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Check # _____ Check $ _____ Initials _____

Rev. 9/1/2009