

CROSS REGISTRATION FORM

STUDENT LAST NAME:		STUDENT FIRST NAME:		STUDENT MI:	
ADDRESS:					
CITY:			STATE:		ZIP:
LAST 4 SSN:		CELL PHONE:		DOB: ____/____/____	
E-MAIL ADDRESS:					
TERM CROSS-REGISTERING:		FALL SPRING SUMMER		ACADEMIC YEAR: 20____ - 20____	
COURSE #1 <i>FACULTY/STAFF AUDIT</i> YES NO (non-degree/non-matriculated faculty staff must audit course)					
HOME INSTITUTION:		CROSS-REGISTRATION APPROVED BY:		APPROVAL DATE: ____/____/____	
HOST INSTITUTION:		CROSS-REGISTRATION APPROVED BY:		APPROVAL DATE: ____/____/____	
STUDENT HAS PREVIOUSLY REGISTERED AT THE HOST INSTITUTION:				YES NO	
COURSE NUMBER:	COURSE TITLE:			SECTION NO:	
SEMESTER HOURS:	IF ANY, LIST ALL PRE-REQUISITES FOR THE COURSE CROSS-REGISTERING FOR: <i>Student must meet all pre-requisites to cross-register for any course. Students may wish to provide an unofficial transcript to confirm prerequisites have been met.</i> Course Number: _____ Course Number: _____ Course Number: _____				
COURSE #2 <i>FACULTY/STAFF AUDIT</i> YES NO (non-degree/non-matriculated faculty staff must audit course)					
HOME INSTITUTION:		CROSS-REGISTRATION APPROVED BY:		APPROVAL DATE: ____/____/____	
HOST INSTITUTION:		CROSS-REGISTRATION APPROVED BY:		APPROVAL DATE: ____/____/____	
STUDENT HAS PREVIOUSLY REGISTERED AT THE HOST INSTITUTION:				YES NO	
COURSE NUMBER:	COURSE TITLE:			SECTION NO:	
SEMESTER HOURS:	IF ANY, LIST ALL PRE-REQUISITES FOR THE COURSE CROSS-REGISTERING FOR: <i>Student must meet all pre-requisites to cross-register for any course. Students may wish to provide an unofficial transcript to confirm prerequisites have been met.</i> Course Number: _____ Course Number: _____ Course Number: _____				
COURSE #3 <i>FACULTY/STAFF AUDIT</i> YES NO (non-degree/non-matriculated faculty staff must audit course)					
HOME INSTITUTION:		CROSS-REGISTRATION APPROVED BY:		APPROVAL DATE: ____/____/____	
HOST INSTITUTION:		CROSS-REGISTRATION APPROVED BY:		APPROVAL DATE: ____/____/____	
STUDENT HAS PREVIOUSLY REGISTERED AT THE HOST INSTITUTION:				YES NO	
COURSE NUMBER:	COURSE TITLE:			SECTION NO:	
SEMESTER HOURS:	IF ANY, LIST ALL PRE-REQUISITES FOR THE COURSE CROSS-REGISTERING FOR: <i>Student must meet all pre-requisites to cross-register for any course. Students may wish to provide an unofficial transcript to confirm prerequisites have been met.</i> Course Number: _____ Course Number: _____ Course Number: _____				

IMPORTANT NOTICE TO STUDENTS

- If a course is dropped, it is the student's responsibility to notify both the home and host institution's registrar's office;

AUTHORIZATION: I hereby authorize _____ to send my grades to the HOME
INSTITUTION(S)
 college/university listed above upon completion of the above approved courses.

STUDENT SIGNATURE _____

DATE ____/____/____