GC3 Greater Cincinnati Collegiate Connection
CROSS REGISTRATION FORM

Student Last Name: _______________________________ Student First Name: ____________________
Student M.I.: ______________________ Address: ____________________________________________
City: _____________________________ State: ________________________ Zip Code: ______________
Last 4 SSN: ___________ Cell Phone: ________________________ D.O.B.: _______________________

Term Cross Registering: Winter: _______________________________ Academic Year: ______________

• Cross-Registration Status will not be granted retroactively to a registration at another GC3 member.
The student must have the Cross-Registration Form completed, including all approvals, upon registration
at the Host School.

• The GC3 Cross-Registration Program allows students’ access to academic opportunities not available at
their own institution. A degree-seeking student at any of the 18 GC3 colleges and universities who meet
eligibility criteria may take courses at the other 17 institutions.

• Both the HOME and the HOST institution must approve a cross-registration. The HOME institution is
responsible for verifying the student’s eligibility and the need to cross-register exists. The HOST
institution is not required to permit the cross-registration if space is not available in the requested
course section or the student does not meet the required prerequisites.

Course #1

FACULTY/STAFF AUDIT: _________________________________________________________________

COURSE SCHUEDLED AT THE HOME SCHOOL DURING THE TERM LISTED ABOVE: _________________

Home Institution: ______________________________________________________________________

Cross Registration Approved By: ______________________________ Date: _______________________

If the course requested is scheduled at the HOME institution during the term, the Cross Registration
should not be approved unless the conflict keeps the student from completing their degree on time.

Host Institution: _______________________________________________________________________

Cross Registration Approved By: ______________________________ Date: _______________________

STUDENT HAS PREVIOUSLY REGISTERED AT THE HOST INSTITUTION:

Course Number: _____ Course Title: __________________________ Section No.: ____ Sem Hrs.: _____

IF ANY, LIST PREREQUISITES FOR THE COURSE CROSS-REGISTERING FOR: student must meet all pre-
requisites. Student may provide an unofficial transcript to confirm pre-requisites have been met. Course
Number: __________________ Course Number: __________________ Course Number: ____________
Course #2

FACULTY/STAFF AUDIT: _________________________________________________________________

COURSE SCHEDULED AT THE HOME SCHOOL DURING THE TERM LISTED ABOVE: ________________

Home Institution: ______________________________________________________________________

Cross Registration Approved By: ______________________________ Date: _______________________

If the course requested is scheduled at the HOME institution during the term, the Cross Registration
should not be approved unless the conflict keeps the student from completing their degree on time.

Host Institution: _______________________________________________________________________

Cross Registration Approved By: ____________________________________ Date: _________________

STUDENT HAS PREVIOUSLY REGISTERED AT THE HOST INSTITUTION:

Course Number: ______ Course Title: __________________________ Section No.: ____ Sem Hrs.: _____

IF ANY, LIST PREREQUISITES FOR THE COURSE CROSS-REGISTERING FOR: student must meet all pre-
requisites. Student may provide an unofficial transcript to confirm pre-requisites have been met. 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: to send my grades: ________________________________________

To send my grades to my HOME Institution upon completion of the above listed courses.

Student Signature: ___________________________________________________ Date: _____________