



Fall: _____
 Spring: _____
 Year: 20 _____

Cross Registration Form

Please type top section before printing. Complete this form at the HOME institution before delivering to the HOST institution.

Name: _____ Student ID: _____
Last First Middle Initial

Home Institution: _____ Major Area of Study: _____

Mailing Address: _____
Street Address City State Zip

Phone Number: _____ Gender: M F X Preferred Name: _____
Local/Cell Male Female Unspecified or another gender identity

Date of Birth: _____ Class Year: _____ Campus Email: _____
MM/DD/YY

Citizenship: _____ Ethnicity: _____

REGISTRATION

(Limited to one course per semester)

Students are encouraged to list an alternative choice in the event their 1st choice is full.

Have you previously taken a course at this HOST institution? Yes No If Yes, when? _____
Term & Year

Host Campus: _____ Course Equivalency: _____
 Course to Satisfy: Major Minor/Concentration Elective

Choice #	Department/Course Number	Section	Course Title	Course Day(s)/Time(s)	Credit Hours
1					
2					

*You must comply with the requirements of your HOME institution. Anticipated graduation date: _____
Month, Year

Instructor Signature: _____ Date: _____
For Closed Courses Only

REQUIRED SIGNATURES

Student*: _____ Date: _____
*By signing above, I understand that I must remain a full-time student throughout this term.

Approval Signature: _____ Date: _____
Academic Dean or Approved Signer (if required)

Registrar's Office**: _____ Date: _____
**Signature of HOME Registrar constitutes HOME institution eligibility.

TO BE COMPLETED BY REGISTRAR OF HOST INSTITUTION

HOST Student ID: _____

Registration is: Approved Denied

Choice#: 1 2

Registrar's Signature: _____ Date: _____
**Signature of HOST Registrar indicates registration was processed.

Copies sent to: Home Campus Student