

## 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 1<sup>st</sup> 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 ☐