



## Cross-Registration Form

Please print. **Complete this form at the home institution before traveling to the host institution.**

Name: \_\_\_\_\_  
*Last* *First* *Middle Initial*

Home Institution: \_\_\_\_\_ Major Area of Study: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street Address* *City* *State* *Zip*

Phone number: \_\_\_\_\_ Campus e-mail: \_\_\_\_\_  
*Local/Cell*

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Class Year: \_\_\_\_\_  
*MM/DD/YY*

Have you previously taken a course at this Host Institution? Yes No If Yes, when? \_\_\_\_\_  
*Term & Year*

### 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.*

Choice #	Host College Name	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 \_\_\_\_\_

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Academic Dean or Approved Signer*

Registrar's Office\* \_\_\_\_\_ Date \_\_\_\_\_  
*\*Signature of Registrar constitutes home institution eligibility*

HOME Student ID \_\_\_\_\_

**TO BE COMPLETED BY REGISTRAR OF HOST INSTITUTION** HOST Student ID \_\_\_\_\_

Registration is  Approved  Denied Choice # 1 2

Registrar's Signature \_\_\_\_\_ Date \_\_\_\_\_