

CROSS-REGISTRATION FORM FOR UNDERGRADUATE COURSES

(Press HARD, you are making 4 copies. See below for instructions.)

1. Name: Mr./Ms. _____
(last) (first) (l)
2. D.O.B. _____ Soc. Sec. #: _____
(mo/day/year)
3. Permanent Address: _____
(# and street)

(county) (city) (state) (zip)
4. Local Address & Telephone: _____
(# and street)

(city) (telephone #)
5. Home School: _____ Major: _____
Address: _____
6. Your class year during term of study for which you are applying:
(circle) 1st yr. 2nd yr. 3rd yr. 4th yr. other _____
7. Course for which you are applying: _____
School offering course _____ Sem/Qtr _____ Yr. _____
Course _____ Dept. & # _____
Section # _____ Credits _____
(SIGNATURE OF HOST INSTITUTION)

Have you cross-registered at this school before? _____
Student's Signature _____ Date: _____

TO BE SIGNED BY FACULTY ADVISOR & APPROPRIATE OFFICIAL(S) ON **HOME CAMPUS**:
The above student is in good academic standing and is expected to be a full-time student for the term in question. I recommend approval of the request.
Faculty Advisor's Signature _____ Date: _____

The above request for cross-registration is approved.

Date: _____

(REQUIRED SIGNATURE(S) ON HOME CAMPUS)

INSTRUCTIONS FOR COMPLETING THE CROSS-REGISTRATION APPLICATION

1. Please supply all information requested. If you have any questions, see your Registrar.
2. Obtain any approval or signatures required by your home campus BEFORE you go to the host school.
3. Take ALL 4 copies of the form to the host institution Registrar.
4. LEAVE the yellow copy at the host school.
5. RETURN all but the yellow copy to the Registrar at your home school.
6. Your HOME Cross-Registration Representative should distribute the remaining copies as follows:
WHITE: Home Institution Registrar.
PINK: Hudson Mohawk Association of Colleges & Universities
ORANGE: Student
7. NOTE: Your copies will be clearer if you PRINT on a HARD, surface with a ballpoint pen.