CROSS REGISTRATION FOR (Term, Qtr., Sem.)			_ Sr. D Jr.	☐Soph.	Fresh. Date:	
Cross Registration is available to full-tim f required) each term. The student must open to cross registration. A student may nstitution will send a grade report to the	e students. The student r be in good standing at th r cross register in only on	ne home institution. Ad ne institution each term	duate course (plus acco	space availab	le basis. Selected courses are not	
Please Print)					I verify I have read all the terms	
st Name First Name		Middle Name	Date of Birth		associated with Cross Registration and agree to them.	
_ocal Address: Street		City	State	Zip	-	
cal Home Phone Cell Phone			Student or Social Security No.		Student Signature	
Have you previously attended the Host In	nstitution?	es 🗆 No				
Course Name (First Choice)	Course Code	Credit Hours	Sem./Qtr.		HOME Institution (HOME Institution - where the student	
Course Name (Second Choice)	Course Code	Credit Hours	Sem./Qtr.		matriculated. This institution will accept and evaluate the grade received from the HOST Institution and assign credits	
For Office Use: <u>Do not write in this space</u> . HOME Institution Certifies Student's Good Standing:			Home Grade Poir	nt Average	according to its own procedures.)	
Academic Dean or Registrar's Signature HOST Institution Approval: Academic Dean or Registrar's Signature					HOST Institution (Host Institution - where the student is	
VERIFICATION OF STUDENT'S CROS		Dean or Registrar's Sig	nature	at	transient.)	
		Course Name and	Course Name and Number		College	
HOME Institution - Copy HOST Institution - Copy STUDENT - Copy			Signature, Host College Registration Office			