CROSS REGIS	STRATION FOR	(Term, Qtr., Sem.):	Year:	_	r. 🗌 Jr.	☐Soph.	. Fresh.	Date:
			CROSS REGISTR	RATION	1			
accompanying cross registration	lab with fees to be ion. A student ma	be paid by the student, nay cross register in only	aduate students in good academic t, if required) each term. Admission aly one institution each term. Prior institution at the completion of the	on is grante r approval o	ed on a space	e available b	basis. Not all	courses are open to
verify I have re	ad all the terms	associated with Cross	s Registration and agree to them.				21 - 11	
				_			nt Signature	
Where the studer	nt is currently enrolle	ed. This institution will accer	ept and evaluate the grade received from	n the HOST In	nstitution and as	ssign credits a	according to its	own procedures.)
				Have yo	ou previously a	attended thi	is institution?	? Yes No
Where the studer	ıt is visiting.)							
_ast Name		First Name	Middle Name	Date of f	Date of Birth		Social Secu	urity Number (Optional)
Address:	Street		City	State	Zip		☐ Male	Female
Email Address			Cell Phone		Marital St	atus (Single,	, Married, Separ	rated, Divorced, Widowed)
	☐ Yes ☐ No							
If no, countr	y of citizenship		<del></del> .	Visa	type	_		
_	ormation is voluntary: ase check one to							
•	c or Latino (a pers panic or Latino	ion of Cuban, Mexican, Pue	erto Rican, South or Central American, or	r other Spani	ish culture or or	rigin, <b>regardi</b>	less of race)	
America	an Indian or Alask	~	ial categories to describe you): Driginal Peoples of the Americas) ica and the Caribbean)					
Native H	lawaiian or other	Pacific Islander (include	des Original Peoples of Hawaii, Guam, or	other Pacific	; Islands)			
	ncludes people of the ncludes Europe and	ne Far East, Southeast Asia, d the Middle East)	, or Indian subcontinenty					
Registration Ir	nformation:							
Course Name	(First Choice)		HOST Subject/Course Code	Section	Number	Credit H	lours	
Course Name	(Second Choice	e or Co-Requisite)	HOST Subject/Course Code	- Section	Number	Credit H		
	(		,					
or Office Use	ONLY: Do not w	vrite in this space.						
HOME institution	on certifies stude	ent's good standing ar	and eligibility to participate:			Dean or R	Registrar's Sig	gnature
-IOME Institution	DME Institution Course Equivalent : Dept. Signature (if required):							
HOST verification	on of student's c	cross registration:				 _ at		
		ee 1.5	Course Number(s) and Total Cre	edit Hours			Institution	
				Signatur	re HOST Coll	llege Regis	tration Office	