

CROSS REGISTRATION FORM 18V 5-19

Collegiate Connec	ction					
STUDENT LAST NAME:		STUDENT FIRST NAME: ST			STUDENT N	
ADDRESS:		I				
CITY:				STATE:	ZIP:	
LAST 4 SSN:	CELL PHONE:			DOB:		
EMAIL:						
TERM CROSS REGISTER	RING:			ACADEMIC YEAR: 2	20 -20	
		actively to a registration at another GC3 me				
		s, upon registration at the Host School.				
 The GC3 Cross-Registrati 	ion Program allows studen	its' access to academic opportunities not av	ailable at t	their own institution.	A degree-se	
student at any of the 18 G	GC3 colleges and universiti	es who meet eligibility criteria may take co	urses at the	e other 17 institutions	3.	
 Both the HOME and the 	HOST institution must ap	prove a cross-registration. The HOME insti	tution is re	sponsible for verifying	g the student	
		HOST institution is not required to permit to	the cross-re	egistration if space is r	not available	
	tion or the student does n	ot meet the required prerequisites.				
STUDENT ELIGIBILITY						
		program at the HOME institution.				
2. The above named stud	ent is enrolled at least ha	f time at the HOME institution during the o	current ter	m.		
		half time at the HOME institution during th	ne previous	Spring allowing them	ı to	
cross-register for the S		#2 OR #3 is YES, the student meets studen				
Registration should not be a will not complete their degr	approved if the course is so	ack to graduate. The intent is not to provide theduled during the term unless a conflict exproval may be required in such cases. COURSE SCHEDULED AT THE HOME SCH	xists which	can't be changed and	/or the stude	
HOME INSTITUTION:		If the course requested is scheduled at the	CROSS-REGISTRATION DATE:			
		HOME institution during the term, the Cross- Registration should not be approved unless	APPROV	/ED BY:		
HOST INSTITUTION:		the conflict keeps the student from completing their degree on time.	CROSS-F APPROV	REGISTRATION /ED BY:	DATE:	
STUDENT HAS PREVIOUSL	Y REGISTERED AT THE HO	ST INSTITUTION:				
COURSE NUMBER: COURS	SE TITLE:			SECTION NO	: SEM H	
IF ANY LIST PREPERIOR	C FOR THE COURSE OR CO	C DECORTEDING FOR A LA L				
		S-REGISTERING FOR: student must meet all	pre-requisi	ites. Student may pro	ivide an unot	
transcript to confirm pre-r Course Number:	•	Course Number:				
				NING TERM 16TER A	2015	
	/STAFF AUDIT	COURSE SCHEDULED AT THE HOME SC	1			
HOME INSTITUTION:		If the course requested is scheduled at the HOME institution during the term, the		REGISTRATION	DATE	
		Cross-Registration should not be approved	APPROV	REGISTRATION	DATE	
HOST INSTITUTION:		unless the conflict keeps the student from	APPROV		DATE	
		completing their degree on time.	AFFROV	, LD D1.		
STUDENT HAS PREVIOUSL		ST INSTITUTION:		0505101110		
COURSE NUMBER: COUR	RSE TITLE:			SECTION NO	: SEM H	
IF ANY, LIST PREREQUISITE	S FOR THE COURSE CORS	S-REGISTERING FOR: student must meet all	pre-requisi	tes. Student may wish	n to provide	
unofficial transcript to con	nfirm pre-requisites have b	een met.		•		
Course Number:	Course Number:	Course Number:				
it	14 (1. 14) (1. 14)	IMPORTANT NOTICE TO STUDENTS	4.! 4!4 . 4			
		ponsibility to notify both the home and h		=		
AUTHORIZATION: I herek			to send my	grades to my HOME Inst	titution upon	
completion of the above lister	a courses.					
STUDENT SIGNATURE			ח	ATE:		
STUDENT SIGNATURE_			ען	AIE.		