CROSS REGISTRATION FOR ☐ Fall ☐ Spring [Summer Year:		∐Sr.	□Jr. □Soph □	Fresh Date:	
	CROSS R	EGISTRATION FORM				
Cross Registration is available to full-time undergraduate s with fees to be paid by the student, if required) each term. cross register in only one institution each term. Prior approhome institution at the completion of the term.	Admission is granted	d on a space available ba	sis. Not all cours	ses are open to cro	oss registration. A student may	
I verify I have read all the terms associated with Cross Registra	tion and agree to then	n				
HOME Institution's name:			Student Signature			
Where the student is currently enrolled - this institution wil	l evaluate/accept the	grade received from HO	ST Institution &	assign credits acc	ording to its procedures.	
HOST Institution's name: Where the student is visiting			Have you previc	ously attended this	s institution? Yes No	
Last Name	First Nam	e	Middle Name	Date of Birth		
Street address	City		State	Zip		
Email address	Cell phone	e				
U.S. citizen Yes No If no, country of citizens	ship		Visa type:			
Hispanic or Latino (a person of Cuban, Mexican, I Not Hispanic or Latino Race (Please check one or more of the following racial categorie American Indian or Alaskan Native (includes all C Black or African American (includes people of African American (includes people of African American (includes people of the Far East, Southeast White (includes Europe and the Middle East)	s to describe you): Iriginal Peoples of the Irica and the Caribbea Pes Original Peoples of	e Americas) n) [•] Hawaii, Guam, or other		ture or origin, reg	aruless of race)	
Registration Information		Section 51				
		Section 52				
-			- for CSU MS 3	•		
Course name (1 st choice) HOST Subject/0	Course code)	Section Number Section 51	Section	Credit	hours	
Course name (2 nd choice or co-requisite) HOST Subject/0	Course code	Section Number	Coonen	Credit	hours	
For Office Use ONLY: Do not write in this space.						
HOME institution certifies student's good standing and eligibil	ity to participate:		Acadomic Do	an or Registrar's Sig	matura	
HOME institution's course equivalent		Dept. Signature (if requir		an or negistral s sig	gnature	
Harton (Cartina of the Land						
Host verification of student's cross registration		at				
	Course number(s) & To	otal Credit Hours	Institution name			
_		Signature,	HOST College Re	egistration Office		

HOST Institution Original HOME Institution Copy STUDENT - Copy