Greater Hartford Consortium for Higher Education

Cross Registration Form: Employee

Please review the Employee Cross Registration policies at both home and host institutions for guidelines, policies and registration requirements.

Last Name First Name Middle Initial

Mailing Address (Street, City, State, Zip)

Email Address Phone number

I certify that I am a full-time employee at _____
Member institution

Institution Department Phone Employee ID

Supervisor's Name Title Phone

Requesting Enrollment in: _____ Spring 20__ ____Fall 20__ ___ Summer 20__

Course requested:

Institution	Subject Code	Course#	Days/Times	Course Title	Credits	Fees

Employee Signature Date

Supervisor's Signature Date

Human Resources Signature Date

Host Institution Registration Officer Signature Date