Greater Hartford Consortium for Higher Education

Cross Registration Form: Graduate Students

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

Last Name First Name Middle Initial

Mailing Address (Street, City, State, Zip)

Email Address Phone number Home Institution Student ID#

I certify that I am a graduate student at (Member Institution) _____ and will be enrolled in at least the minimum number of credits required for cross-registration eligibility in the semester for which this cross-registration applies.

Host Institution: _____

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

Course(s) requested:

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

Student Signature Date

Advisor/Program Director signature (Home institution) Date

Registration Officer signature (Home institution) Date

Registration Officer signature (Host institution) Date

Courses faculty signature (Host institution) Date

To be completed by Host Institution Registrar's Office:

Host Institution Student ID: (permanently assigned) _____Student email: _____