

CROSS REGISTRATION FOR (Term, Qtr., Sem.) _____

Sr. Jr. Soph. Fresh.

Today's Date _____

Northeast Ohio Council On Higher Education
THE ACADEMIC ENRICHMENT PROGRAM VIA STUDENT CROSS REGISTRATION

Cross Registration is available to full-time (at least 12 credit hours) students of the Northeast Ohio Council on Higher Education participating member institutions. The student may take one undergraduate course (plus accompanying lab with fees to be paid by the student, if required) each term. The student must be in good standing at the home institution. Admission is granted on a space available basis. Selected courses are not open to cross registration. A student may cross register in only one institution each term. Prior approval of credit transfer is the student's responsibility. The host institution will send a grade report to the home institution at the completion of the term.

(Please Print)					I verify I have read all the terms associated with the Cross Registration program and agree to them. <hr/> <p align="center">Student Signature</p> <hr/> <p align="center">Home Institution (Home Institution-where the student matriculated. This institution will accept and evaluate the grade received from the HOST Institution and assign credits according to its own procedures and equations.)</p> <hr/> <p align="center">Host Institution (HOST Institution-where the student is transient)</p>
Last Name	First Name	Middle Name	Date of Birth		
Local Address:	Street	City	State	Zip	
Local Home Phone	Business Phone		Student or Social Security #		
Have you previously attended the Host Institution? Yes <input type="radio"/> No <input type="radio"/>					
Course Name (First Choice)	Course Code	Credit Hours	Semester/Quarter		
Course Name (Alternate Choice)	Course Code	Credit Hours	Semester/Quarter		
For office Use: Do not write in this space.				Home G.P.A	
HOME Institution Certifies Student's Good Standing: _____			Registrar's Signature		
HOST Institution Approval: _____		Registrar's Signature			
Academic Dean		Registrar's Signature			

VERIFICATION OF STUDENT'S CROSS REGISTRATION	_____ at _____	_____
Home Institution-Copy	Course Name and Number	College
Host Institution-Copy	_____	
Student-Copy	Signature, Host College Registration Office	