

CROSS-REGISTRATION FORM
Office of the Registrar

- Courses taken at one of the consortium colleges will appear on your student record in the same manner as courses taken at Rensselaer, and thus carry term and cumulative hours, and grade points.
- Tuition cost for courses taken at one of these colleges is covered by the tuition charge at Rensselaer and is subject to the same regulations that apply for courses taken at Rensselaer. However, *you* are responsible for any additional charges such as lab fees, activity fees, and so on.
- You must be a full-time student.
- You may take no more than half of your academic credits at a consortium college in any semester.
- You **cannot** cross register for courses offered at Rensselaer.
- For graduate students, your cross-registration course should appear on an approved Plan of Study prior to your enrolling in a course taught at a consortium college. The Office of Graduate Education reserves the right not to accept the course toward a degree program if it was not listed on an approved Plan of Study.

1. Print Name: _____

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2. SSN and Rensselaer ID Number: _____ Date of Birth: _____

3. E-mail: _____

4. Local Address & Telephone: _____ Telephone: _____

5. Home School: _____

6. School offering Course: _____

Have you Cross-registered at this school before? _____

Office Use Only" CRN # _____

7. Are you a Senior? _____

8. Course(s) for which you are applying: (please note, Summer sessions are not covered by cross-registration)

Indicate Term/Year: Fall _____ Spring _____

COURSE # _____ TITLE _____ # CREDITS _____

Student's Signature: _____ Date: ____/____/____

OBTAIN HOME CAMPUS APPROVAL BEFORE PROCEEDING TO HOST CAMPUS

Home Campus Approvals

The above Student is in good academic standing and is expected to be a full time student for the term indicated above. I recommend approval of the request.

Faculty Advisor's Signature: _____ Date: ____/____/____

The above request for cross-registration is approved.

Registrar's Office Signature: _____ Date: ____/____/____

Graduate Students:

Graduate Program Advisor Signature: _____ Date: ____/____/____

Office of Graduate Education Signature: _____ Date: ____/____/____

Host Campus Approval

The above request is approved and the student has been registered.

Registrar's Office Signature: _____ Date: ____/____/____