



Cross-Registration Form

Fall Spring Summer
Year: 20 _____

Please print. **Complete this form at the home institution before traveling to the host institution.**

Name: _____ SS # _____
Last First

Home Institution: _____ Major Area of Study: _____

Local Address: _____
Street Address City State Zip

Permanent Address: _____
Street Address City State Zip

Phone number(s): _____ e-mail: _____
Local/Cell Permanent

DOB: ____/____/____ Gender: _____ Class Year: _____
MM/DD/YYYY

Have you previously taken a course at or applied for admission to the Host Colleges? Yes/No If Yes, when? _____

REGISTRATION

(Limited to two courses per semester)

Students are encouraged to list 2nd and 3rd choices in the event their 1st choice is full.

Choice #	Host College Name	Department/ Course Number/Section	Course Title	Course Day(s)/Time(s)	Credit Hours	Pass/Fail Letter Grade*
1						
2						
3						

*You must comply with the requirements of your HOME institution. The majority of courses at MassArt are graded pass/fail only.

Are you planning to graduate in this term? Yes No

REQUIRED SIGNATURES

Student _____ Date _____

Advisor (if necessary) _____ Date _____

Student Financial Services (if necessary) _____ Date _____
**Required for MCPHS and WIT students*

Registrar's Office** _____ Date _____
****Signature of Registrar constitutes home institution approval**

FOR SIMMONS COLLEGE, WENTWORTH INSTITUTE OF TECHNOLOGY AND MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCES STUDENTS ONLY

If this course is required for your major or will fulfill a degree requirement

Department Chairperson _____ Date _____

This course will fulfill the following graduation requirement: _____

TO BE COMPLETED BY REGISTRAR OF HOST INSTITUTION Student ID _____

Registration is Approved Denied Choice # 1 2 3

Registrar's Signature _____ Date _____