

GRADUATE CROSS REGISTRATION REQUEST FORM

(For Approved State University of N.Y. Institutions Only)*

Date _____
Month Day Year

Semester: Fall
Spring

Print Name _____
Last First Middle

Address _____
Number and Street City State Zip

Social Security Number Telephone No. _____

Matriculated Student at _____
Name of Home Institution

Request to Cross Register at _____
Name of Visiting Institution

Course Requested

Department & Course Number: **Descriptive Title:** **Sem. Hrs. Credit**

1) _____

Home Institution Approval:

1) _____
Student's Major Department Certifying Officer's Signature

and

2) _____
Registrar's or Records Officer's Approval

IMPORTANT INFORMATION FOR STUDENTS - PLEASE READ CAREFULLY AND SIGN BELOW

- *1) The participating graduate cross registration SUNY Institutions are SUNY at Buffalo, SUC at Buffalo, and SUC at Fredonia.
- 2) Students must abide by the rules and regulations outlined in the Institution where he/she is registered.
- 3) Students may registered for only the course listed and approved.
- 4) STUDENTS MUST CONTINUE AS REGISTERED STUDENTS AT THEIR HOME INSTITUTION TO BE ELIGIBLE TO RECEIVE CREDIT THROUGH THE CROSS REGISTRATION PROGRAM.
- 5) Students are *ONLY* eligible to cross register for courses not available at their home institution.
- 6) Grades will be forwarded to the home institution after the close of the semester. Credit hours and grade count in cumulative average.
- 7) One course per semester may be cross registered. There is no cross registration program during the Summer.

I have read and understand the above:

Student Signature

Month Day Year

Student should give Original and Yellow copy to Cross Registration Officer at Visiting Institution; Visiting Institution should return Yellow Copy directly to Home Institution after student has been officially registered; Pink Copy is to be retained by Home Institution.