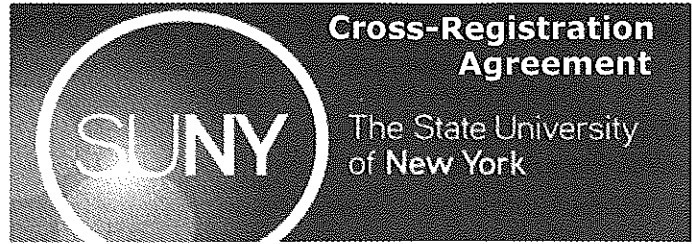




BUFFALO STATE
The State University of New York

Buffalo State
Registrar's Office
1300 Elmwood Avenue
Moot Hall 210
Buffalo, NY 14222-1095
(716) 878-4811
www.buffalostate.edu/registrar
regofc@buffalostate.edu



PLEASE PRINT LEGIBLY

Last Name: _____ First Name: _____ Middle Initial: _____

*Social Security #: _____ - _____ - _____ Student ID#: _____ DOB: ____/____/____

**Personal student information is treated confidentially and consistent with the Family Educational Rights and Privacy Act (FERPA), the NYS Cyber Security Policy P03-002: Information Security Policy, and is compliant with NYS General Business Law Section 399-ddd.*

E-mail Address: _____

Permanent Address: _____	County: _____
City: _____ State: _____ Zip: _____	Phone: _____
Local Address: _____	County: _____
City: _____ State: _____ Zip: _____	Phone: _____

Cross-Registration Semester: Fall: ____ Spring: ____ Year: 20____

Have you previously cross-registered at the host institution? Yes ____ No ____

Have you ever been convicted of a felony? Yes ____ No ____

Have you ever been dismissed/suspended from a college for disciplinary reasons? Yes ____ No ____

Name of SUNY Home Institution: _____

Name of SUNY Host Institution: _____

SUNY Host Institution Course # and Section #	SUNY Host institution Course Title	SUNY Host Institution Credit Hours (limit six (6) credits)	SUNY Home Institution Course Equivalency - to be completed by home institution	Credit Hours at SUNY Home Institution

Signatures below are REQUIRED

I have read and understood the terms and conditions of this cross-registration agreement. By signing I give permission for the Host institution to share course information with the Home institution. I am also aware that enrollment changes may impact my eligibility for financial aid for the current term and/or future terms. I will consult my Financial Aid Office regarding academic eligibility for financial aid, including satisfactory academic progress standards.

Student Signature: _____ **Date:** _____

_____ **Date:** _____

(Approval of Chair of Department offering course equivalent at Buffalo State)

_____ **Date:** _____

(Approval of Chair of Department in which student is majoring)

The above student is in good academic standing and is expected to be a full-time student for the term in question. I recommend approval of this request based on the course equivalents and credit hours above.

Home Institution Signature: _____ Title: _____ Date: _____

Host Institution Signature: _____ Title: _____ Date: _____

HOME ID: _____ HOST ID: _____
Date: _____ Date: _____
Initials: _____ Initials: _____
Denied: _____ Reason: _____
Processed By Home Institution _____
Processed By Host Institution _____