



Semester: _____
 Year: 20 _____

Cross-Registration Form

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

Name: _____
Last First

Home Institution: _____ Major Area of Study: _____

Permanent Address: _____
Street Address City State Zip

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

Gender: _____ Class Year: _____ Birthdate: _____

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 SIGNATURE

Student _____ Date _____

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

Faculty (if required) _____ Date _____

TO BE COMPLETED BY REGISTRAR OF HOST INSTITUTION Student ID _____

Registration is Approved Denied Choice # 1 2 3

Registrar's Signature _____ Date _____