HUDSON MOHAWK ASSOCIATION
OF COLLEGES & UNIVERSITIES

130 NEW SCOTLAND AVENUE
ALBANY, NEW YORK 12208
(518) 694-3320
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CROSS REGISTRATION FORM FOR UNDERGRADUATE & GRADUATE COURSES

Name: Mr./Ms. _____ _____
Last **First** **Middle** **Social Security Number**

Permanent Address _____ _____
Street and number **Student ID Number**

_____ _____
City **State** **Zip code** **Date of Birth**

Local Address _____ **( )** _____
Street and number **Phone number**

_____ _____
City **State** **Zip code** **e-mail address**

_____ _____
Student's Home Institution **Major** **Class Year**

I wish to enroll in the course listed below to be taken at _____
(Name of Host Institution)

During the _____ **of** _____. **Have you cross-registered at this school before?** _____
(term) **(year)**

Course and Section No.	Course Title	Credit Hours	Home Institution's Course and Credit Equivalency (to be completed by the Home Institution)	Credit Hours

Student's Signature _____ **Date** _____

APPROVALS REQUIRED

Faculty Advisor/School Official:
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 the request: _____ Date: _____

Required Signature(s) on Home Campus: _____ Date: _____

Registrar at Host Institution: _____ Date: _____

Instructions for completing form

1. Please supply all information requested. If you have any questions, see your Registrar.
2. Obtain any approval or signatures required by your home campus **BEFORE** you go to the host school.
3. **TAKE** the form to the host institution Registrar.
4. **LEAVE** a copy at the host school after signature.
5. **RETURN** the original to your home school.
6. Your HOME Cross-Registration Representative should distribute copies as follows:
    a. Home Institution Registrar
    b. Hudson Mohawk Association of Colleges & Universities
    c. Student