

1400 Washington Avenue
Albany, NY 12222



UNIVERSITY AT ALBANY
State University of New York

Office of the Registrar
Campus Center B-25

www.albany.edu/registrar

(518) 442-5540
FAX 442-5532



Cross Registration Form for Undergraduate and Graduate Courses

Last Name _____ First Name _____ Middle _____

Social Security # _____ Student Id # 000- _____ DOB: ___/___/___

Permanent Address:

Street _____

City _____ State _____ Zip Code _____

County _____ Phone () _____ E-mail _____

Have you Cross-registered at this institution previously? _____

Your class year during term of study for which you are applying:

(circle) 1st yr. 2nd yr. 3rd yr. 4th yr. other _____

Semester/Qtr _____ Year _____

Name of Host Institution _____

Course Information:

Host Institution Course & Sec.	Course Title	Credit Hours	UAlbany Course Equivalency & Section (to be completed by the home institution)	Credit Hours

Signatures:

Student: _____ **Date:** _____

University at Albany Faculty Advisor: 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:

Signature: _____ **Date:** _____

University at Albany Registrar: _____ **Date:** _____

Host Institution Registrar: _____ **Date:** _____