

# HUDSON - MOHAWK

CROSS-REGISTRATION AGREEMENT



**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: _____			
City: _____	State: _____	Zip: _____	Phone: _____
Local Address: _____			
City: _____	State: _____	Zip: _____	Phone: _____

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

Name of Home Institution: \_\_\_\_\_

Name of Host Institution: \_\_\_\_\_

Cross-Registration Semester/Term: Fall: \_\_\_ Spring: \_\_\_ Winter \_\_\_ (Not available at all institutions) Year: 20 \_\_\_

Host Institution Course# and Section#	Host Institution Course Title	Host Institution Credit Hours	Home Institution Course Equivalency – to be completed by the home institution.	Credit Hours at Home Institution

**Signatures below are REQUIRED**

I have read and understood the terms and conditions of this cross-registration agreement (on the reverse side). By signing I give permission for the Home and Host institutions to exchange enrollment, grade, and financial information. I understand that my current registration is for non-degree study and that my enrollment in this course/these courses does not guarantee my admission as a degree seeking student. In order to matriculate, I must file a formal application with the appropriate admissions office and meet admissions requirements. 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. I certify to the best of my knowledge that the information above is correct and true.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor or Chair or Dean Signature (discretion of home campus):** \_\_\_\_\_

The above student is in good academic standing and is expected to have a course load equivalent to full time status between the Home and the Host institution. I recommend approval of this request based on the course equivalents and credit hours above.

**Home Institution Registrar's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Host Institution Registrar's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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