



HCHE GRADUATE CROSS REGISTRATION FORM

General: Students should review ALL course offerings, guidelines and registration requirements on the HCHE website [here](#). Graduate students may enroll in up to 3 courses per academic year (fall, spring and summer terms) at another HCHE member institution.

Eligibility: Check with the **home and host** institution registrar's office to confirm course eligibility. Full-time students enrolled at all other HCHE member institutions may enroll in selected courses at **host** institutions. Trinity College permits its part-time students to cross register. Check course selections online or at the registrar's office of your **home** college/university. Course tuition and all fees such as labs and books are the responsibility of the student and are to be paid to the **host** institution. Check with your **home** institution concerning financial aid eligibility requirements.

Instructions: Complete all sections of the form. Use a **separate form for each course requested**. 1. Submit the form(s) to the registrar's office of your **home** college/university. 2. Upon approval by the home institution, submit the **signed** form to the registrar's office at the **host** college/university for approval. 3. Upon approval, a copy will be returned to you. 4. It is important that you keep a signed copy for your records. **NOTE:** you must adhere to deadlines of the **host** college/university in order to enroll and/or withdraw from any course. If you withdraw from a course, you are responsible for notifying **both host and home** institution.

Last Name _____ First Name _____ Middle _____ Student ID# _____

Home Mailing Address (Primary) – include Street, PO Box, City, State, Zip Code _____

Primary Phone/Cell _____ Date of Birth _____

I certify that I am a Full-time Part-time graduate student at _____
Institution Degree Field

Host college/university/Seminary requested:

- | | | |
|--|--|---|
| <input type="checkbox"/> Capital Community College | <input type="checkbox"/> Central CT State University | <input type="checkbox"/> Charter Oak State College |
| <input type="checkbox"/> Goodwin College | <input type="checkbox"/> Hartford Seminary | <input type="checkbox"/> Manchester Community College |
| <input type="checkbox"/> St. Thomas Seminary | <input type="checkbox"/> Trinity College | <input type="checkbox"/> University of Saint Joseph |
| <input type="checkbox"/> UCONN (WHC) | <input type="checkbox"/> University of Hartford | |

Enrollment for Fall 20____ Spring 20____ Summer 1 Summer 2 20____

COURSE REQUESTED (only ONE course request per form)

PREFIX	NUMBER	SECT.	DAYS/TIMES	COURSE TITLE	CREDIT HRS

Student Signature _____ Date _____

Advisor Signature/Home Institution _____ Date _____

Home Institution Registration Officer Signature _____ Date _____

Host Institution Registration Officer Signature _____ Date _____

Course Faculty Signature/Host Institution _____ Date _____

TO BE COMPLETED BY HOST INSTITUTION REGISTRAR'S OFFICE:
 Host Institution Student ID # (permanently assigned) _____ **Student email:** _____