HCHE UNDERGRADUATE
CROSS REGISTRATION FORM

General: Students should review their cross registration plan with their faculty advisor, the home registrar and the host registrar prior to submitting paper work. Students may enroll in up to 2 courses per semester (fall and spring) at another HCHE member school, no more than 4 per academic year.

Eligibility: Full-time students enrolled at HCHE member institutions are eligible. **Goodwin College and Trinity College** allow part-time students to participate**.** University of Hartford accepts *only full-time* students in courses. Check with home and host institution registrar's office to confirm course eligibility.

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 student at: _____

Requesting enrollment in ❑Fall ❑Spring 20____ *Host* college/university/Seminary requested:

❑Capital Community College ❑Central CT State University ❑Charter Oak State College

❑Goodwin College ❑Hartford Seminary ❑ Manchester Community College

❑St. Thomas Seminary ❑Trinity College ❑UConn (WHC)

❑University of Saint Joseph ❑University of Hartford

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: _____