



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
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 UG student at: _____

Requesting enrollment in Spring 20____ Summer 20____ Fall 20____

Host college/university/seminary requested:

<input type="checkbox"/> Capital Community College	<input type="checkbox"/> Central CT State University	<input type="checkbox"/> University of Hartford
<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"/> UConn-Hartford
<input type="checkbox"/> University of Saint Joseph		

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: _____