



Hartford Consortium for Higher Education Cross Registration Form: Employee

349 Main St., East Hartford CT., 06118 www.hartfordconsortium.org 860-929-3009
Empowering and Investing in Connecticut's student's for College, for Leadership, and for Life.

Please review the Employee Cross Registration Handbook for guidelines and registration requirements.

Last Name First Name Middle Initial

Mailing Address (Street, City, State, Zip)

Email Address Phone number

I certify I am a full-time employee at: _____
Member Institution

Institution Department Phone Employee ID

Supervisor's Name Title Phone

Requesting Enrollment in: _____ Spring 20____ _____ Fall 20____ _____ Summer 20____

Course Requested:

Institution	Subject Code	Course #	Days/Times	Course Title	Credits	Fees

Employee Signature Date

Supervisor's Signature Date

Human Resources Signature (not required for HCHE employees) Date

Host Institution Registration Officer Signature Date