



Hartford Consortium for Higher Education Cross Registration Form: Graduate

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 Undergraduate Cross Registration Handbook for guidelines and registration requirements. Review Cross Registration plans with your faculty advisor, the home Registrar, and the host Registrar prior to submitting paperwork. Use a separate Cross Registration form for each course requested.

Last Name First Name Middle Initial

Home Mailing Address (Primary)

Primary Phone/Cell Date of Birth

I certify I am a ___full-time ___part-time graduate student at:_____

Host Institution _____ Enrollment in: _____ Spring 20____ _____ Fall 20____

Course Requested: _____ Summer 1 _____ Summer 2 20____

SUBJECT CODE	COURSE NUMBER	SECTION	DAYS/TIMES	COURSE TITLE	CREDIT HOURS

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: _____