



HCTE 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 HCTE member school, no more than 4 per academic year.

Eligibility: Full-time students enrolled at HCTE member institutions are eligible. **Goodwin College and Trinity College** allow *their* part-time students to participate. **University of Hartford** only accepts 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 student at: _____

- Requesting enrollment in Fall Spring 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: _____

“Empowering and Investing in Connecticut’s students for College, for Leadership, for Life.”

www.hartfordconsortium.org | [www.twitter.com/hchehartford](https://twitter.com/hchehartford) | www.facebook.com/HartfordConsortium | 860.702.3802

Revised February 2018