

Cross Registration Form

OFFICE OF THE REGISTRAR

Phone: 203 837 9200 • Fax: 203 837 9049 • Email: requestregistrar@wcsu.edu



Semester: Fall Spring

Year: 20

Student ID Number (if applicable):

Last Name: _____ First Name: _____ MI: _____

Address: _____

City: _____ State: _____ ZIP: _____ Phone Number: _____

Email Address: _____

I am:

A matriculated student at WCSU, my home institution, wishing to take a course at:

Name of institution: _____

A matriculated student from another institution wishing to take a course at WCSU. Please note, you will be registered as a non-matriculated student at WCSU.

Name of home institution: _____

I have confirmed the following information:

The course(s) listed below is/are not offered at my home institution

I am registered and billed as a full-time student at my home institution (documentation attached to this application)

The following registration request will not exceed the maximum credit load (18 credits at WCSU) which would require additional billing.

Some fees will still apply to the cost of this registration

If I drop below full time status (12 credits) at any time during the semester at my home institute, I will be ineligible for cross registration and I will be responsible for the additional cost of the course(s).

I must request a copy of my official transcript to be sent to my home institution once the course is finished.

Student Signature: _____ Date: _____

Course Information:

CRN	Subject & Number	Credits

Example:

40720	PSY 100	3.00
-------	---------	------

Registrar Signature: _____ Date: _____