

CROSS REGISTRATION FOR (Term, Qtr., Sem.) \_\_\_\_\_

Sr.  Jr.  Soph.  Fresh.

Today's Date \_\_\_\_\_

**Northeast Ohio Council On Higher Education**  
**THE ACADEMIC ENRICHMENT PROGRAM VIA STUDENT CROSS REGISTRATION**

Cross Registration is available to full-time (at least 12 credit hours) students of the Northeast Ohio Council on Higher Education participating member institutions. The student may take one undergraduate course (plus accompanying lab with fees to be paid by the student, if required) each term. The student must be in good standing at the home institution. Admission is granted on a space available basis. Selected courses are not open to cross registration. A student may cross register in only one institution each term. Prior approval of credit transfer is the student's responsibility. The host institution will send a grade report to the home institution at the completion of the term.

|  |                       |                              |                                     |                   |  |
|--|-----------------------|------------------------------|-------------------------------------|-------------------|--|
| (Please Print)   |                       |                              |                                     |                   | I verify I have read all the terms associated with the Cross Registration program and agree to them.<br><br><hr/> <p align="center"><b>Student Signature</b></p> <hr/> <p align="center"><b>Home Institution</b><br/>                 (Home Institution-where the student matriculated. This institution will accept and evaluate the grade received from the HOST Institution and assign credits according to its own procedures and equations.)</p> <hr/> <p align="center"><b>Host Institution</b><br/>                 (HOST Institution-where the student is transient)</p> |
| <b>Last Name</b>   | <b>First Name</b>     | <b>Middle Name</b>           | <b>Date of Birth</b>                |                   |  |
| <b>Local Address:</b>  | <b>Street</b>         | <b>City</b>                  | <b>State</b>                        | <b>Zip</b>        |  |
| <b>Local Home Phone</b>  | <b>Business Phone</b> |                              | <b>Student or Social Security #</b> |                   |  |
| <b>Have you previously attended the Host Institution?</b> Yes <input type="radio"/> No <input type="radio"/> |                       |                              |                                     |                   |  |
| <b>Course Name (First Choice)</b>  | <b>Course Code</b>    | <b>Credit Hours</b>          | <b>Semester/Quarter</b>             |                   |  |
| <b>Course Name (Alternate Choice)</b>  | <b>Course Code</b>    | <b>Credit Hours</b>          | <b>Semester/Quarter</b>             |                   |  |
| <b>For office Use: Do not write in this space.</b>   |                       |                              |                                     | <b>Home G.P.A</b> |  |
| <b>HOME Institution Certifies Student's Good Standing:</b> _____   |                       |                              | <b>Registrar's Signature</b>        |                   |  |
| <b>HOST Institution Approval:</b> _____  |                       | <b>Registrar's Signature</b> |                                     |                   |  |
| <b>Academic Dean</b>   |                       | <b>Registrar's Signature</b> |                                     |                   |  |

|   |  |                |
|---|--|----------------|
| <b>VERIFICATION OF STUDENT'S CROSS REGISTRATION</b> | _____ at _____                                     | _____          |
| <b>Home Institution-Copy</b>                        | <b>Course Name and Number</b>                      | <b>College</b> |
| <b>Host Institution-Copy</b>                        | _____  |                |
| <b>Student-Copy</b>                                 | <b>Signature, Host College Registration Office</b> |                |