APPROVAL FOR ACCEPTANCE OF GRADUATE COURSEWORK AT EAST OHIO UNIVERSITIES (Cross-Registration Form)

Under specific circumstances, a graduate degree-seeking student from Cleveland State University may take one or more graduate courses at The University of Akron, Kent State University, Northeast Ohio Medical University, Ohio University, or Youngstown State University without registering as a transient student. The course should contribute to the student’s program of study and be unavailable at Cleveland State University when needed to complete the student’s program. The student must be in good standing (GPA >3.0) and be within time limits for completion of the degree program. The graduate program unit at Cleveland State University will establish a special topics course with a graduate title that corresponds to the course title at the host university and will incorporate the initials of the host university (UA, KSU, NEOMED, OU, or YSU). Registration for such a course is controlled by the student’s home department and will be permitted only upon receipt of this approved form.

Name: ___________________________ ID: __________
Please print: Last First Middle
Permanent address:
Street City State Zip
Local Address:
Street City State Zip
Local telephone: __________ Email: __________

Home Institution: Cleveland State University

Department: __________ Major: __________ Degree: __________
Academic semester/term Fall □ Spring □ Summer □ Specify summer session __________ Academic year __________

Host Institution:
The University of Akron □ Kent State University □ Northeast Ohio Medical University □ Ohio University □ Youngstown State University □

Course number: __________________________ Course title: __________
Instructor name: __________________________

Approvals
Home Institution: Cleveland State University

_________________________ (print & sign name) Academic Advisor
_________________________ (print & sign name) Program Director
_________________________ (print & sign name) Program Director email address and phone number

Host Institution: UA / KSU / NEOMED / OU / YSU

_________________________ (print & sign name) Course Instructor
_________________________ (print & sign name) Course Instructor email address and phone number

_________________________ (print & sign name) Department Chair
_________________________ (print & sign name) Graduate School Approval—UA & YSU only

Student: Please complete a form for each cross-registered course and send (email or fax) to your academic advisor. The academic advisor will obtain the home institution signatures and forward to the host institution. Only actual or scanned signatures will be accepted; word processed signatures are not allowed. (Universities may tailor these instructions according to your routing process.)