

Cross-Registration Form

Please print clearly. Complete this form (including the signature) before traveling to the host institution.

Name: _____

Home Institution: _____
Last First
 Major Area of Study: _____

Local Address: _____
Street Address City State Zip

Permanent Address: _____
Street Address City State Zip

Phone number(s): _____ e-mail: _____
Local/Cell Permanent

Gender: _____ Class Year: _____

Have you previously taken a course or applied for admission at the host college(s)? Yes/No If Yes, when? _____

REGISTRATION (Limited to two courses per semester)

Students are encouraged to list 2nd and 3rd choices in the event their 1st choice is full.

Choice #	Host College Name	Department/ Course Number/Section	Course Title	Course Day(s)/Time(s)	Credit Hours	Pass/Fail Letter Grade*
1						
2						
3						

*You must comply with the requirements of your HOME institution. The majority of courses at MassArt are graded pass/fail only.

Are you planning to graduate in this term? Yes No

REQUIRED SIGNATURES

Student _____ Date _____

Registrar's Office** _____ Date _____

****Signature of Registrar constitutes home institution approval**

This course will fulfill the following requirement at Simmons College:

Signature: _____

TO BE COMPLETED BY REGISTRAR OF HOST INSTITUTION Host institution ID number _____

Registration is approved: Choice # 1 2 3

Registrar's Office _____ Date _____