



Spring 2018

Simmons College students: Please obtain the Registrar's Office signature before traveling to the host institution.

Name: _____
Last First

Home Institution: SIMMONS COLLEGE Simmons ID # _____ Date of birth: _____

Address: _____

Simmons email address: _____ Telephone number: _____

If you have previously applied for admission/registered at the host institution, please indicate the year: _____

REGISTRATION

If other courses would also be acceptable, please list those in the event that your first choice is full.

Choice #	Host Institution	Department/ Course Number/Section	Course Title	Course Days/Times	Credit Hours	Pass/Fail Letter Grade*
1						
2						
3						

* The course directory at <http://www.colleges-fenway.org/cross-registration/cross-registration-form> indicates whether the course is P/F only.

If you are planning to graduate in May 2018, you must confirm with the instructor prior to the start of the course that the grade will be calculated and sent to the Registrar's Offices by 10 a.m. on May 14, 2018.

REQUIRED SIGNATURES

Student _____ Date _____

Simmons College Registrar's Office _____ Date _____

This course will fulfill the following Simmons College requirement:

Registrar's Office/department chair/adviser: _____

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

Registration is approved: Choice # 1 2 3

Registrar's Office _____ Date _____