



Fall: \_\_\_\_\_

Spring: \_\_\_\_\_

Year: 20 \_\_\_\_\_

***Please type top section before printing. Complete this form at the HOME institution before traveling to the HOST institution.***

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
*Last First Middle Initial*

Home Institution: \_\_\_\_\_ Major Area of Study: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street Address City State Zip*

Phone number: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
*Local/Cell*

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Class Year: \_\_\_\_\_ Campus Email: \_\_\_\_\_  
*MM/DD/YY*

Citizenship: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

**REGISTRATION** (Limited to one course per semester)

*Students are encouraged to list an alternative choice in the event their 1<sup>st</sup> choice is full.*

Have you previously taken a course at this Host Institution? Yes No If Yes, when? \_\_\_\_\_  
*Term & Year*

Host Campus: \_\_\_\_\_ Course Equivalency: \_\_\_\_\_

Course to Satisfy:  Major  Minor/Concentration  Elective

Choice #	Department/ Course Number	Section	Course Title	Course Day(s)/Time(s)	Credit Hours
1					
2					

\* You must comply with the requirements of your HOME institution. Anticipated graduation date: \_\_\_\_\_  
*Month, Year*

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_  
*For Closed Courses Only*

**REQUIRED SIGNATURES**

Student\* \_\_\_\_\_ Date \_\_\_\_\_  
*\*By signing above, I understand that I must remain a full-time student throughout this term.*

Approval Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Academic Dean or Approved Signer (if required)*

Registrar's Office\*\* \_\_\_\_\_ Date \_\_\_\_\_  
**\*\*Signature of HOME Registrar constitutes home institution eligibility.**

**TO BE COMPLETED BY REGISTRAR OF HOST INSTITUTION**

HOST Student ID \_\_\_\_\_

Registration is  Approved  Denied Choice # 1 2

Registrar's Signature \_\_\_\_\_ Date \_\_\_\_\_  
**Signature of HOST Registrar indicates registration was processed.**

Copies sent to:  Home Campus  Student