

**Western New York Consortium**  
**Undergraduate Cross-Registration Agreement**  
*(For Full Time Matriculated Students Only)*

**Please Print Legibly**

Date: \_\_\_\_\_

Last name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

\*Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Student ID#: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Personal student information is treated confidentially and consistent with the Family Educational Rights and Privacy Act (FERPA), the NYS Cyber Security Policy P03-002: Information Security Policy, and is compliant with NYS General Business Law Section 399-ddd.

Email address: \_\_\_\_\_

Permanent Address: _____	County: _____
City: _____ State: _____ Zip: _____	Phone: _____
Local Address: _____	County: _____
City: _____ State: _____ Zip: _____	Phone: _____

Cross-Registration Semester: \_\_\_\_\_ Fall: \_\_\_\_\_ Spring: \_\_\_\_\_ Year: 20 \_\_\_\_\_

Have you previously cross-registered at host institution? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been dismissed/suspended from a college for disciplinary reasons? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Home Institution: \_\_\_\_\_

Name of Host Institution (Visiting Institution): \_\_\_\_\_

Host Institution Course & Section# (i.e. ENG 101)	Host Institution Course Title	Host Institution Credit Hours (limit one course)	Home Institution Course Equivalency- to be completed by Home Institution	Credit Hours at Home Institution

**All Signatures below are REQUIRED**

I have read and understood the terms and conditions of this cross-registration agreement (on the reverse side). By signing, I give permission for the Host Institution to share course information with the Home Institution. I am also aware that enrollment changes may impact my eligibility for financial aid for the current term and/or future terms. I will consult my Financial Aid Office regarding academic eligibility for financial aid, including satisfactory academic progress standards.

**Student Signature:** \_\_\_\_\_

**Advisor/Chair Signature (discretion of home campus):** \_\_\_\_\_

The Above student is in good academic standing and is expected to be a full-time student for the term in question. I recommend approval of this request based on the course equivalents and credit hours above.

**Home Institution Signature** (Cross Registration Officer): \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Host Institution Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>For Office Use Only</b>				
Processed By Home Institution	HOME ID: _____	Date: _____	Initials: _____	Denied: _____
Processed By Host Institution	HOST ID: _____	Date: _____	Initials: _____	Reason: _____