Western New York Consortium Undergraduate Cross Registration Request Form (For Full Time Matriculated Students Only)

			Date			•••
Name:				Month	Day	Year
	Last	First		Middle	-	
ocal Address:	Number and Street	Civ		Stt.		7:
	Number and Street	City		State		Zip
ocial Security #:	<u></u>	Local Telepho	one #:			
ull Time Student at:	(Name of Home In	retitution		_		
		isittation)				
Request to Cross Register at:	(Name o	of Visiting Institution)		_		
Course Requested (Maximur	n of one course) which is not		stitution:			
Dept. & Course #: Descrip	•	•	Comparable Daem	en Course		
•						
lome Institution Approval:						
		Signature of Advisor				
	Signature of Chairman of I	Daemen Department Grantin	ng Course Credit			
		s Registration Officer (REQ) TRAR'S OFFICE)	JIRED)			
	(REOD)	IRAK B OFFICE)				
MPORTANT INFORMA	TION FOR STUDENTS – I	PLEASE READ CAREFUI	LY AND SIGN BE	LOW		
	le by the rules and regulations s register only for the approve		nete ne/sne is register	ieu		
3. STUDENTS MUS	T CONTINUE AS FULL TI	ME STUDENTS AT THEIR				
	ROSS REGISTER IN ORDER Y STUDENT WHO DROPS I					
	LY CANCELLED.	BELOW FOLL THME STAT	OS WILL HAVE II	IUIN OROS	O KEOIS	IMION
	ster only for UNDERGRADU	JATE courses.				
Students may not r	register for Independent Study	y				
					TUD CT	
GRADES WILL BE FORW VISITING INSTITUTION	ARDED TO THE HOME IN	STITUTION AND A GRAI	E REPORT WILL B	E SENT TO	, the st	UDENT BY TE
VISITING INSTITUTION	ARDED TO THE HOME IN ide by the above regulations f		DE REPORT WILL B	E SENT TO	, the st	ODENT BY TE

COPIES OF THIS FORM SHOULD BE DISTRIBUTED AS FOLLOWS:

- 1. Students should give the original and 1 copy to the Cross Registration Officer (Registrar's Office) at the visiting institution (Do not give to Faculty Member)
- 2. A copy should be retained by the Cross Registration Officer at the home institution
- 3. Cross Registration Officer at the visiting institution should return 1 copy directly to the home institution after student is officially registered.