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

Semester: Fall or Spring 20___

Name: ________________________________

   Last    First    Middle

Local Address: _______________________

   Number and Street    City    State    Zip

Social Security #: __-__-_____

Local Telephone #: ___________________

Full Time Student at: _______________________

   (Name of Home Institution)

Request to Cross Register at: _______________________

   (Name of Visiting Institution)

Course Requested (Maximum of one course) which is not regularly offered at home institution:

Dept. & Course #: _______________________

Descriptive Title: _______________________

Sem. Hrs/Credit: _______________________

Comparable Daemen Course: _______________________

Home Institution Approval:

   ________________________________

   Signature of Advisor

   ________________________________

   Signature of Chairman of Daemen Department Granting Course Credit

   ________________________________

   Signature of Cross Registration Officer (REQUIRED)

   (REGISTRAR’S OFFICE)

IMPORTANT INFORMATION FOR STUDENTS – PLEASE READ CAREFULLY AND SIGN BELOW

1. Students must abide by the rules and regulations outlined at the institution where he/she is registered
2. Students may cross register only for the approved course listed on this form
3. STUDENTS MUST CONTINUE AS FULL TIME STUDENTS AT THEIR HOME INSTITUTION DURING THE SEMESTER IN WHICH THEY CROSS REGISTER IN ORDER TO BE ELIGIBLE TO RECEIVE CREDITS THOUGH THE CROSS REGISTRATION PROGRAM. ANY STUDENT WHO DROPS BELOW FULL TIME STATUS WILL HAVE THEIR CROSS REGISTRATION AUTOMATICALLY CANCELLED.
4. Students may register only for UNDERGRADUATE courses.
5. Students may not register for Independent Study

GRADES WILL BE FORWARDER TO THE HOME INSTITUTION AND A GRADE REPORT WILL BE SENT TO THE STUDENT BY THE VISITING INSTITUTION

I have ready and agree to abide by the above regulations for cross registration

__________________________    __________________________

Student Signature            Date

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.