

1. Personal Information

Name: _____ Social Security No.: _____ Gender: _____
(Last) (First)

Classification (circle one): Freshman Sophomore Junior Senior - OR - Graduate Professional

Degree: _____ Major: _____

Local Mailing Address: _____ Home Telephone: _____

_____ Work Telephone: _____
(City) (State) (Zip)

E-Mail Address: _____

Date of Birth: _____ Place of Birth: _____ H.S. Grad. Date: _____
(City, State)

Ethnic Group: Caucasian American African American Hispanic American Asian American
(check one) Native American Multi-Racial

U.S. Citizen? Yes or No

If foreign, of which country are you now a citizen? _____

State of Residence: _____

Alien registration receipt ("green card") number: _____

If Georgia, County: _____

Type of Visa: _____

2. Institutional Information

Home Institution: _____ School/Division: _____

Host Institution: _____ Term Requested: _____

Have you ever applied to and/or attended the host institution? _____ When? _____ Host ID No. _____

3. Courses Requested

Enter all information for each course requested (availability depends upon offering and space)

	Dept. Prefix & Course Number	Section	Computer Number	Day & Time	Credit Hours	Course Title
1.						
Alternate						
2.						
Alternate						

I certify that the information furnished by me is true. I agree to abide by all rules, regulations, practices, and policies of the host institution while enrolled there. I authorize the host institution to send a transcript of the cross registration course grades to my home institution.

Student's Signature: _____ Date: _____

4. Approvals

I/we certify that the above named student has the approval of the home institution listed above, is in good standing and is currently enrolled. The courses requested, if successfully completed will / will not be applicable to the student's degree program.

Academic Advisor (Home institution) _____ Date _____

Home Institution Cross Registration Coordinator _____ Date _____

Host Instructor/Department (if required) _____ Date _____

Host Institution Cross Registration Coordinator _____ Date _____