

Sr. Jr. Soph. Fresh.

(Please Print)

Last Name First Name Middle Name Date of Birth

Course Name (First Choice) Course Code Credit Hours Sem./Qtr. HOME Institution

Course Name (Second Choice) Course Code Credit Hours Sem./Qtr.

(HOME Institution - where the student matriculated. This institution will accept and evaluate the grade received from the HOST Institution and assign credits according to its own procedure.)

For Office Use: Do not write in this space.

Home Grade Point Average

HOME Institution Certifies Student's Good Standing: _____
Academic Dean or Registrar's Signature

HOST Institution Approval: _____
Academic Dean or Registrar's Signature

(Host Institution - where the student is transient.)

VERIFICATION OF STUDENT'S CROSS REGISTRATION: _____ at _____
Course Name and Number College

HOME Institution - Copy HOST Institution - Copy
STUDENT - Copy

Signature, Host College Registration Office