

Virginia Tidewater Consortium Student Cross-Registration Form

S.S. number _____ Home institution _____

Name _____ Sex _____
last first middle

Mailing address _____
number & street city state zip code

Phone (_____) _____ Ethnic background _____ U.S. citizen? Yes No
area code (use code)*

Date of birth _____ Marital status _____
month day year

Circle One

Student level at home institution: Fr. Soph. Jr. Sr. Grad. Other _____

I wish to register for the following course(s) for the
 fall spring semester/quarter at _____
name of host institution

* A-American Indian B-Black American F-Foreign student on visa O-Oriental American S-Spanish Surnamed American W-White American Z-Other

Dept.	Course No.	Section	Index/ Code No.	Course Description	Gr. Hrs.	UG Cr.	Grad. Cr.	Audit	Regis. Status**	Grade

**A-Enrolled C-Course closed, not enrolled N-Course cancelled

_____ *Date filed*

This student is eligible to take the course(s) listed above.

By _____
Adviser

This student has completed all prerequisites for the course(s) listed above, is in good standing, and is eligible to take the course(s) listed above.

By _____
Registrar, home institution

The student agrees to abide by the rules and regulations of the host institution, including rules and regulations governing academic honesty, student conduct, and student discipline.

Signature of student

The above student has been registered for the above courses as indicated.

By _____
Registrar, host institution

White copy to home institution

Yellow copy to host institution

Pink copy to consortium office

Goldenrod copy to student