

Virginia Tidewater Consortium for Higher Education (VTC)

Student Cross-Registration Form

HOME Institution _____ Student HOME ID# _____

Name _____ Gender _____
last first middle

Mailing Address _____
number & street city state zip code

Phone (____) _____ U.S. Citizen? Yes No Foreign students: VISA type _____
area code

School Email Address _____ Date of Birth ____/____/____
month day year

Student level at HOME Institution: Fr. Soph. Jr. Sr. Grad. Other _____
 Circle One

I wish to register for the following course(s) for the: fall spring summer semester 20____
year

At _____
Name of HOST Institution

Subj.	Course No.	Section	Index/ Code No.	Course Title	Cr. Hrs.	UG Cr.	Grad Cr.	Regis. Status*	Grade	HOME EQUIV Course

* R-Registered C-Course closed, not enrolled N-Course cancelled

_____ *Date filed*

This student is eligible to take the course(s) listed above and has completed all prerequisites for the course(s) listed and is in good standing. Student will be dropped from class if G.P.A. falls below the minimum required by the HOME and HOST institution.

By _____
Advisor

By _____
Chair (if required)

By _____
Registrar, HOME Institution

(PRINT NAME) Registrar, HOME Institution

The student understands and agrees to abide by the administrative rules and regulations of the HOST institution, including dates and deadlines, rules and regulations governing academic honesty, student conduct and student discipline and Add/Drop/Withdrawal policy, throughout the semester enrolled. By signing below, you authorize your educational records to be shared between the HOST and HOME institution.

Signature of Student

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

By _____
Registrar, HOST Institution

(PRINT NAME) Registrar, HOST Institution

Student HOST ID# _____
(filled in by HOST Institution Registrar)