



# Cross-Registration Form

Term: \_\_\_\_\_

Please print. **Complete this form at the home institution before traveling to the host institution.**

Name: \_\_\_\_\_  
Last First SSN: \_\_\_\_\_  
XXX-XX-XXXX

Home Institution: \_\_\_\_\_ Major Area of Study: \_\_\_\_\_

Local Address: \_\_\_\_\_  
Street Address City State Zip

Permanent Address: \_\_\_\_\_  
Street Address City State Zip

Phone number(s): \_\_\_\_\_ e-mail: \_\_\_\_\_  
Local Permanent

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Class Year: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_  
MM/DD/YY

### REGISTRATION

(Limited to two courses per semester)

*Students are encouraged to list 2<sup>nd</sup> and 3<sup>rd</sup> choices in the event their 1<sup>st</sup> choice is full.*

Choice #	Host College Name	Department/ Course Number/Section	Course Title	Course Day(s)/Time(s)	Credit Hours	Pass/Fail Letter Grade*
1						
2						
3						

\*You must comply with the requirements of your HOME institution. The majority of courses at MassArt are graded pass/fail only.

**Are you planning to graduate in this term? Yes  No**

### REQUIRED SIGNATURES

Student \_\_\_\_\_ Date \_\_\_\_\_

Advisor (if necessary) \_\_\_\_\_ Date \_\_\_\_\_

Student Financial Services (if necessary) \_\_\_\_\_ Date \_\_\_\_\_

*\*Required for MCPHS and WIT students*

Registrar's Office\*\* \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Signature of Registrar constitutes home institution approval**

**FOR SIMMONS COLLEGE, WENTWORTH INSTITUTE OF TECHNOLOGY AND MASSACHUSETTS COLLEGE OF PHARMACY AND HEALTH SCIENCES STUDENTS ONLY**  
*If this course is required for your major or will fulfill a degree requirement*

Department Chairperson \_\_\_\_\_ Date \_\_\_\_\_

This course will fulfill the following graduation requirement: \_\_\_\_\_

**TO BE COMPLETED BY REGISTRAR OF HOST INSTITUTION** Student ID \_\_\_\_\_

Registration is  Approved  Denied Choice # 1 2 3

Registrar's Signature \_\_\_\_\_ Date \_\_\_\_\_