Colleges of the Fenway™

Employee Cross-Registration Form

Have you matriculated in an academic program at one of the COF colleges?
Yes ☐ No ☐
College: _____

Please print.

Name: _____ ID/SSN: _____
Last *First* *XXX-XX-XXXX*

Employer: _____

Address: _____
Street Address *City* *State* *Zip*

Phone number(s): _____ _____ e-mail: _____
work *home*

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

REGISTRATION

(Limited to one course per semester)

Term/Semester: _____

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

*Your college may not allow Pass/Fail credit.

REQUIRED SIGNATURES

Employee _____ Date _____

Supervisor _____ Date _____

Human Resources Office _____ Date _____

Advisor (if matriculated student) _____ Date _____

TO BE COMPLETED BY REGISTRAR OF *HOST* INSTITUTION **ID** _____

Registration is ☐Approved ☐Denied Choice # 1 2 3

Comment _____

Registrar's Signature _____ Date _____

White copy: home institution **Yellow copy:** host institution **Pink copy:** employee **03/06**