



Please print.

## Employee Cross-Registration Form

Term: \_\_\_\_\_  
Have you matriculated into an  
academic program at one of the  
COF colleges?  
Yes ☐ No ☐

Name: \_\_\_\_\_  
Last First

ID#: \_\_\_\_\_

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)

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

Your college may not allow Pass/Fail credit.

### REQUIRED SIGNATURES

Employee \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Office \_\_\_\_\_ Date \_\_\_\_\_

Advisor (if matriculated student) \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

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

### FOR SIMMONS COLLEGE, WENTWORTH INSTITUTE OF TECHNOLOGY AND MCPHS UNIVERSITY 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

Comment \_\_\_\_\_

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