Western New York Consortium Undergraduate Cross-Registration Agreement

(For Full Time Matriculated Students Only)

Please Print Legibly

Date:							
Last name:			First Name:			MI:	
*Social Security #:		Student II	D#:		DOE	B:/	
Personal student information	n is treated confidentially and licy, and is compliant with NY	l consistent with t	the Family Educational	Rights and Privacy Act			
Email address:							
Permanent Address:				Co	ounty:		
City:		State:	Zip:_	Ph	one:		
Local Address:				Co	ounty:		
City:		State:	Zip:_	Ph	one:		
Cross-Registration Semester:		Fa	all: Spri	ng: Year	r: 20		
Have you previously c	ross-registered at host i	institution?	_	Yes	No		
Have you ever been co	onvicted of a felony?				No		
-	smissed/suspended from	m a college fo	or disciplinary rea				
Host Institution Course & Section# (i.e. ENG 101)	Host Institution Course Title		Host Institution Credit Hours (limit one course)	Home Institution Course Equivalency- to be completed by Home Institution		Credit Hours at Home Institution	
All Signatures belo	w are REQUIRED						
Institution to share course current term and/or future progress standards. Student Signature Advisor/Chair Signature Advisor/	od the terms and conditions of information with the Home eterms. I will consult my Firest Equature (discretion of good academic standing and valents and credit hours above	e Institution. I an mancial Aid Office of home cam is expected to be	n also aware that enro ce regarding academic npus):	Ilment changes may in	npact my eligibility fo	or financial aid for the factory academic	
Hama Institution Si	ignoturo (g p			Titla		Data	
Home Institution Signature (Cross Registration Officer): Host Institution Signature:							
For Office Use Only Processed By Home Insti	HOME ID.						
Processed By Host Institu							