



HECMA

UNIVERSITY OF CENTRAL MASSACHUSETTS

Fall: _____

Spring: _____

Year: 20 _____

Please type top section before printing. Complete this form at the HOME institution before traveling to the HOST institution.

Name: _____ Student ID: _____
Last First Middle Initial

Home Institution: _____ Major Area of Study: _____

Mailing Address: _____
Street Address City State Zip

Phone number: _____ Campus e-mail: _____
Local/Cell

Date of Birth: _____ Gender: _____ Class Year: _____
MM/DD/YY

Have you previously taken a course at this Host Institution? Yes No If Yes, when? _____
Term & Year

REGISTRATION

(Limited to one course per semester)

Students are encouraged to list an alternative choice in the event their 1st choice is full.

Host Campus: _____

Choice #	Department/ Course Number	Section	Course Title	Course Day(s)/Time(s)	Credit Hours
1					
2					

* You must comply with the requirements of your HOME institution.

Anticipated graduation date: _____
Month, Year

Instructor Signature _____ Date _____
For Closed Courses Only

REQUIRED SIGNATURES

Student* _____ Date _____
**By signing above, I understand that I must remain a full-time student throughout this term.*

Approval Signature _____ Date _____
Academic Dean or Approved Signer (if required)

Registrar's Office** _____ Date _____
***Signature of HOME Registrar constitutes home institution eligibility.*

TO BE COMPLETED BY REGISTRAR OF HOST INSTITUTION

HOST Student ID _____

Registration is Approved Denied Choice # 1 2

Registrar's Signature _____ Date _____
Signature of HOST Registrar indicates registration was processed.

Copies sent to: Home Campus Student