HECCMA
HIGHER EDUCATION CONSORTIUM OF CENTRAL MASSACHUSETTS

Fall: ____
Spring: ____
Year: 20 ____

Cross Registration Form

<u>Please type top section before printing</u>. Complete this form at the HOME institution before delivering 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: _____ Gender: M☐ F☐ X☐ Preferred Name: _____
Local/Cell *Male* *Female* *Unspecified or another gender identity*

Date of Birth: _____ Class Year: _____ Campus Email: _____
MM/DD/YY

Citizenship: _____ Ethnicity: _____

REGISTRATION

(Limited to one course per semester)

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

Have you previously taken a course at this HOST institution? Yes ☐ No ☐ If Yes, when? _____
Term & Year

Host Campus: _____ Course Equivalency: _____

Course to Satisfy: Major☐ Minor/Concentration☐ Elective☐

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☐