HARTFORD CONSORTIUM FOR HIGHER EDUCATION
GRADUATE *CROSS-REGISTRATION COURSE REGISTRATION REQUEST FORM*

General

Students should review ALL course offerings, guidelines and registration requirements on the Hartford Consortium website. (www.hartfordconsortium.org/programs/cross-registration). Links to each institution's course catalog are available on the website. Graduate students may enroll in up to 3 courses per academic year (fall, spring and one summer term) at another Consortium member school.

Eligibility:

Check with the *home and host* institution Registrar Office to confirm course eligibility. Full- and part-time students enrolled at all other Consortium member institutions may enroll in selected courses at *host* institutions. Check course selections online or at the Registrar's Office of your *home* college/university. Course tuition and all fees such as labs and books are the responsibility of the student and are to be paid to the *host* institution. Check with *home* institution concerning financial aid eligibility requirements.

Instructions:

Complete all sections of the form. Use a *separate* form for each course requested. 1. Submit the form(s) to the Registrar's Office of your *home* college/university. 2. Upon approval by the home institution, submit the *signed* form to the Registrar's Office at the *host* college/university for approval. 3. Upon approval, a copy will be returned to you. 4. It is important that you keep a signed copy for your records. NOTE: you must adhere to deadlines of the *host* college/university in order to enroll and/or withdraw from any course. If you withdraw from a course, you are responsible for notifying both *host* and *home* institution.

Last Name First Name Middle Student ID#

Home Mailing Address (Primary) – include Street, PO Box, City, State, Zip Code

Primary Phone # Date of Birth

I certify that I am a ❑ Full-time ❑ Part-time graduate student at _____
Institution Degree Field

Host college/university requested:

❑Central CT State University ❑Hartford Seminary ❑Rensselaer at Hartford

❑St. Joseph College ❑St. Thomas Seminary ❑Trinity College ❑University of Hartford

Enrollment for ❑Fall ❑Spring ❑Summer I ❑Summer II 20____

COURSE REQUESTED(only ONE course request per form)

PREFIX	NUMBER	SECT.	DAYS/TIMES	COURSE TITLE	CREDIT HRS.

Student Signature **Date**

Advisor Signature/*Home* Institution **Date**

***Home* Institution Registration Officer Signature** **Date**

***Host* Institution Registration Officer Signature** **Date**

Course Faculty Signature/*Host* Institution **Date**

***TO BE COMPLETED BY HOST INSTITUTION REGISTRAR OFFICE:* Host Institution Student ID # (permanently assigned)**