Cross Registration Approval Form

Name___________________________________ ID Number ___________________
Address:________________________________________________________________
Phone:______________________ Email Address:_________________________________
Semester: Fall_______ Spring_______ 20_____ 

HOST COLLEGE _______________________________________________________

This letter is to certify that the student named above meets the following criteria and
is therefore eligible to cross-register for the semester indicated:

Is a full-time student at WCSU         ☐
The requested course(s) is not offered at WCSU ☐

If the student’s schedule drops below full time status (12 credits) at any time during
the semester, he/she will be ineligible for cross registration. The host college will be
notified of the change and the student will be responsible for the additional cost of the
class(s).

I, __________________________________ have read and agree with the above terms.
(Student’s signature)

Course(s):

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Subject and No.</th>
<th>Credits</th>
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(Maximum 2 courses)

Lourdes Cruz, Registrar
Date

203-837-9200

k: Cross Registration Approval Form