

# The College of St. Scholastica

## Inter-Institutional Cross Registration Form

Name of student \_\_\_\_\_  
 (Last) (First) (Middle)

CSS I.D. number \_\_\_\_\_

Home address \_\_\_\_\_  
 (Number and Street, City, State, ZIP)

Local address \_\_\_\_\_  
 (Number and Street, City, State, ZIP)

Local phone \_\_\_\_\_

Major(s) \_\_\_\_\_

Minor(s) \_\_\_\_\_

Year in school (Check one)  1  2  3  4

Home Institution Credit Load \_\_\_\_\_

*I desire to enroll in the following course(s) for the term:*

Fall  Spring  YEAR \_\_\_\_\_

AT:  UMD  UWS

Department	Course	CRN	Section	M	T	W	TH	F	Time	Instructor	Credit
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Signature of Advisor \_\_\_\_\_

Date \_\_\_\_\_

Signature of Home Institution Registrar \_\_\_\_\_

1 copy Home Institution Registrar (white)  
 1 copy Host Institution Registrar (yellow)  
 1 copy student (pink)

Host Institution Approval

Color Codes: CSS - pink  
 UMD - white  
 UWS - yellow

\*St. Scholastica students: You are responsible for notifying the St. Scholastica Registrar's Office of any change in your cross-registration.

***\*Please retain a copy for your records. You will not receive a copy once processed.***

*online version revised 11/07*