

For the complete set of CIC Consortium requirements, please see your home institution's Registrar

SECTION 1: GENERAL INFORMATION

HOME INSTITUTION: _____

HOME STUDENT ID: _____ SSN LAST 4: _____ BIRTH DATE (MM/DD/YY): _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

ADDRESS: _____
STREET ADDRESS APT/BOX #

_____ CITY STATE ZIP CODE

TELEPHONE: _____ EMAIL ADDRESS: _____
(Institutional address preferred; e.g., name@homecollege.edu)

CITIZENSHIP STATUS: ☐ U.S. Citizen ☐ Permanent Resident ☐ Non-Resident Alien ☐ Asylee/Refugee

GENDER: ☐ Male ☐ Female RACE: ☐ Hispanic ☐ Non-Hispanic

Choose all of the following groups in which you consider yourself to be a member:

☐ American Indian or Native American ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

By completing this course registration form, I authorize the teaching institution to send my grades to my home institution.

SECTION 2: REGISTRATION INFORMATION

HOST INSTITUTION: _____ Have you previously attended the Host Institution? ☐ Yes ☐ No

COURSE INFORMATION:

FIRST CHOICE: Dept	Course Title	Course #	Section	Credits/Units

SECOND CHOICE: Dept	Course Title	Course #	Section	Credits/Units

SECTION 3: SIGNATURES

STUDENT: _____ DATE _____

****Please return this form to the Registrar's office at your home institution to complete the registration process. You will receive a confirmation from the host institution if you have been approved or if the course is not available.****

FOR INTERNAL USE ONLY:

HOME REGISTRAR OR DEAN: _____ DATE _____

Date Form Rec'd: _____ Date Form Processed: _____

HOST REGISTRAR OR DEAN: _____ DATE _____

Date Form Rec'd: _____ Date Form Processed: _____ Approved Not Available

Note: Students who cross-register must follow the academic policies and academic calendar of the institution offering the course. Students must abide by the college/university catalog or bulletin and course syllabi for courses offered at another institution.