UNDERGRADUATE CROSS REGISTRATION FORM For Students at Charleston Southern University and the College of Charleston

Cross-Registration Policies 1. This form is to be used only for those undergraduate students cross registering under the "Tuition-Free Policy". Students must register in person. Mailed, faxed or emailed forms will not be processed. 2. Student must have already earned 15 hours or more at the home institution before cross-registering (with exceptions for those enrolled in special programs between specific institutions). College of Charleston students with more than 87 hours must also submit a Coursework Elsewhere During Senior Year Petition Form. 3. Courses are available under this program only on a space-available basis; registration occurs at the time designated by the host campus. 4. In order to qualify, visiting students must: a. Be enrolled in 12 credit hours at their home institution and pay full-time tuition at their home institution b. Be in good standing at their home institution and have a minimum overall cumulative GPA of 2.0 on a 4.0 scale c. Be enrolling in a course or courses not available at their home institution for which they meet the prerequisite requirements and have obtained the required approvals d. Present a current, official transcript from their home institution along with this Cross-Registration Form e. Pay additional special fees, such as science and foreign language lab fees directly to the host institution. 5. All courses taken at the host campus will be sent to and recorded by the home institution. Students will be awarded transfer credit at home institution for courses with a grade of C (2.0) or higher. Home Institution Cross-Registration is for: Semester: Year: Host Institution _____ Part of Term (circle): FULL EXPRESS/TERM 1 **EXPRESS/TERM 2** Personal Data _____ Date of Birth _____ Social Security # Name Student ID #, if different Program or Major Freshman ____ Sophomore ____ Junior ____ Senior ____ Gender: M ____ F ____ Mailing Address Telephone # ______ Home Institution Email Address _____ Ethnicity: Are you Hispanic/Latino? Yes No Regardless of your answer to the ethnicity question, please mark one or more races to indicate what you consider yourself to be: Black or African American _____ Alaskan Native _____ American Indian _____ Asian _____ Native Hawaiian _____ Pacific Islander _____ White _____ Unknown _____ Country of Citizenship ______ If not US, please list visa type, or permanent resident (P) _____. Expiration date _____. Have you attended the host institution before? Yes No If yes, what county? If yes, when? If you attended under a different name, what was that name?

Titles of Requested Courses	Department	Course #	Section #	Credit Hours	Home Campus Department Approval (signature and comparable course number)
Example: Parasitology	Biology	436	001	4	

- I certify that I am enrolled for a minimum of 12 hours at my home institution and paying full-time tuition there. The courses at the host institution are in addition to those at home. If my enrollment at my home institution drops to less than 12 hours, I will notify the Registrar at the host institution.
- I hereby authorize my grades for the course(s) listed above to be sent to the registrar of my home institution at the semester's end. The above information furnished by me is true.

Date

Student Sign Here

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SIGNATURES OF APPROVAL				
1	2			
Home Institution Dean/Director Signature	Home Institution Registrar Signature			
(Signature not required for College of Charleston students)	Is this student a SC resident? Yes No			
3	4.			
Host Institution ROTC Signature (if needed)	Host Institution Registrar Signature			