

REQUEST FOR APPROVAL OF CROSS-ENROLLMENT

STUDENT:

This form must be used to cross-enroll in a course offered by a RBHS School other than your own. Your Associate Dean or equivalent will review course materials and determine if course is appropriate for you.

Student Name: Email address:
 Student ID#: Telephone #:
 Program/Major:
 Joint Program Partner :
 RBHS School in which you are matriculated (Home School):
 RBHS School in which you wish to cross-enroll (Host School):

Copies of this form should be kept by Student, Associate Dean or equivalent, Home Registrar and Host Registrar.

COURSE INFORMATION:

CRN	SUBJ	COURSE#	SECTION#	CREDITS	COURSE TITLE	CAMPUS	DAY	TIME
(EX:) 13532	NURS	5104G	04W	3	PATHOPHYSIOLOGY	N	M-W	6-9PM

ASSOCIATE DEAN/PROGRAM DIRECTOR/ADVISOR:

I have reviewed this student's request and approve enrollment in the course listed above.

This course: will / will not satisfy a requirement for the student's degree program.

NAME (PLEASE PRINT) _____ SIGNATURE _____ DATE _____

HOME REGISTRAR: Submit form to Host Registrar for seat availability.

HOST REGISTRAR: CONFIRM ABOVE COURSE INFORMATION AND SEAT AVAILABILITY.

Seat Available

Registration Approved by: _____ Date: _____

HOME REGISTRAR: INDICATE NEW COURSE INFORMATION.

Course #: _____ CRN#: _____ Date Registered: _____