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:

<table>
<thead>
<tr>
<th>CRN</th>
<th>SUBJ</th>
<th>COURSE#</th>
<th>SECTION#</th>
<th>CREDITS</th>
<th>COURSE TITLE</th>
<th>CAMPUS</th>
<th>DAY</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>(EX:)</td>
<td>13532</td>
<td>NURS</td>
<td>5104G</td>
<td>04W</td>
<td>PATHOPHYSIOLOGY</td>
<td>N</td>
<td>M-W</td>
<td>6-9PM</td>
</tr>
</tbody>
</table>

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: ___________________________

The University is an affirmative action/equal opportunity employer

Revised: 6/20/2016