

Higher Education Council of Berks County Cross Registration Form



Policies:

1. Enrollment is limited to one course per semester.
2. A full-time undergraduate degree student in good academic standing enrolled at an HECBC school may cross register.
3. The student must be paying the full-time comprehensive tuition at the home school and must be in full-time status without including the cross-registered course.
4. Cross registration must be approved by the appropriate person at the home school designated to approve off-campus courses (e.g. Department Chair or Adviser), the Home Registrar and the Host Registrar.
5. Cross registration does not apply to summer semester/terms, winter interim terms or evening accelerated courses.
6. Students MAY have to pay lab fees, etc., at the host school.
7. If a student loses eligibility for this program, he/she will be liable for costs of continuing in the cross registered course.
8. The student must meet the prerequisites for the cross-registered course. The Home Registrar is responsible for verifying that prerequisites have been met.
9. Cross registration is on a space available basis as determined by the host school.
10. The student is responsible for providing and paying for his/her own transportation. The student is also responsible for any costs and inconveniences associated with different academic calendars.
11. The student is subject to the academic policies of the Host School regarding the cross registered course.
12. Courses taken will be treated as transfer courses, and therefore the grade will not transfer.

THIS FORM MUST BE SUBMITTED TO THE REGISTRAR'S OFFICE OF THE HOME INSTITUTION.

Name _____
Last First Middle

Home Address _____
Street Address Apt.

City State Zip

Telephone () _____ Email _____

Date of Birth _____ Gender _____

Home Institution (please check one)

- Albright College Penn State Berks Kutztown University Alvernia University Reading Area Comm. College

Host Institution (check one)

- Albright College Penn State Berks Kutztown University Alvernia University Reading Area Comm. College

Cross Registration Course Request – Primary Choice

	Offering Dept:	Course Title	Course Ref. Section #	Meeting Days	Time To From	Building/ Room	Credits/ Units	Course Start Date	Course End Date
Lab/Rec									

Semester/Term (Circle One) Fall Spring Year _____

Secondary Choice (In case Primary Choice is Not Available)

	Offering Dept:	Course Title	Course Ref. Section #	Meeting Days	Time To From	Building/ Room	Credits/ Units	Course Start Date	Course End Date
Lab/Rec									

Student Signature _____ Date _____

Home School Course Equivalent Approval _____ Date _____

Home Registrar's Approval _____ Date _____

Host Registrar's Approval _____ Date _____

Remarks _____