



LEHIGH VALLEY ASSOCIATION OF INDEPENDENT COLLEGES
UNDERGRADUATE STUDENT CROSS REGISTRATION FORM

Name: _____

Semester / Year- Fall _____
Winter _____
Spring _____
Summer _____

Date of Birth: _____ Gender: M ___ F ___

(DATE OF BIRTH IS REQUIRED FOR UNIQUE IDENTIFICATION)

Status: ___ Traditional

___ * Part-time or Non-Traditional (to pay per credit hour tuition charge to host)

*Part time (non-comprehensive tuition and fee) paying students will be billed and pay the host institution tuition

School Address: _____

Home Address: _____

Cell Phone: _____ Home Phone: _____

Email: _____

HOME INSTITUTION: _____ Class Year: _____ Major: _____

COURSE INFORMATION May not be used for graduate level courses; one course per form

HOST INSTITUTION: _____ Session: _____ Add []

Requested Course: _____ Credit/Unit: _____ Drop []

CRN / Department / Course Number / Section / Title

LAB:

POLICIES: Full-time undergraduate degree seeking students in good academic standing who are not first semester freshmen and are enrolled at a member institution of the Lehigh Valley Association of Independent Colleges may cross-register for up to two courses per term or summer session. NO independent study, on-line, tutorial, internship, audits, music lessons, other individualized instruction courses, or other exclusions as determined by the host institution are permitted through cross-registration. Students may not cross register for courses being offered on the home campus without specific approval of the home registrar. Students may not take a course equivalent to one in which they have already received credit at the home institution. The number of credits assigned is the responsibility of the home institution. -Any questions should be referred to the Registrar's Office. Part time or non-traditional (non-comprehensive tuition and fee paying) students will be billed and must pay the host institution's tuition and fees.

By submitting this form I understand that the grade and the appropriate number of credit hours will be assigned to my transcript at my home institution and that I have read and understand the policy above.

I AGREE TO THE ABOVE POLICY:

Student Signature: _____ Date: _____

HOME INSTITUTION APPROVALS: (Institution where student is enrolled)

Advisor: _____ Date: _____

Home Registrar: _____ Date: _____

Conditions: Major Credit _____ Minor Credit _____ Elective Credit _____ Other _____

HOME COURSE SUBSTITUTION: _____

HOST INSTITUTION APPROVALS: (Institution where student plans to take course)

Instructor: _____ (If required)

Registrar: _____ Date: _____