

# UNIVERSITY OF HARTFORD

## Hartford Consortium Cross Registration Form: Employee

Review the Employee Cross Registration policies at home and host institutions for guidelines, policies, and registration requirements.

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Primary/Home Mailing Address (Street, City, State, Zip)

\_\_\_\_\_  
Email Address Telephone Number

I confirm that I am a full-time employee at (Member Institution): \_\_\_\_\_

\_\_\_\_\_  
Institution Department Telephone Number Employee ID Number

\_\_\_\_\_  
Supervisor's Name Title Telephone Number

Requesting Enrollment in: ☐ Spring 20\_\_\_\_ ☐ Fall 20\_\_\_\_ ☐ Summer 20\_\_\_\_ ☐ Winter 20\_\_\_\_

Course(s) requested:

Section Number	Subject Code	Course Number	Course Title	Credits

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor's Signature Date

\_\_\_\_\_  
Human Resources Signature Date

\_\_\_\_\_  
Host Institution Registration Officer Signature Date

To be filled out by the Registrar's Office of the Host Institution.

Student ID Number: \_\_\_\_\_ Term: \_\_\_\_\_