

# UNIVERSITY OF HARTFORD

## Hartford Consortium Cross Registration Form: Undergraduate Students

Review the Cross-Registration policies at both 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 Student ID# (Home Institution)

I confirm that I am currently a full-time undergraduate student at: \_\_\_\_\_

Host Institution: \_\_\_\_\_

Requesting Enrollment: ☐ Spring 20\_\_\_\_ ☐ Fall 20\_\_\_\_

Course(s) requested:

Section Number	Subject Code	Course Number	Course Title	Credits

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Advisor's Signature (Home Institution) Date

\_\_\_\_\_  
Registrar's Signature (Home Institution) Date

\_\_\_\_\_  
Registrar's Signature (Host Institution) Date

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

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