



THE COUNCIL OF
INDEPENDENT COLLEGES

CIC Consortium for Online Humanities Instruction
Cross Registration Form, Fall 2017

Name: _____ Last 4 SSN _____
Last First Middle

Perm. Address _____
Street and Number Student ID Number

City State Zip Date of Birth

Email Address _____ Phone number (____) _____

Home Institution _____ Major _____ Class Year _____

Host Institution (course offered at) _____ Term _____ Year _____
(Have you cross registered at this school in a previous term? Y / N)

Course/Section Number _____ Course Title _____ Credits _____

Course Equivalent at Home Institution _____ Credits _____
(Assigned by Home Advisor/Administrator)

Student Signature _____ Date _____

Required Approvals

Faculty Advisor/School Official:

The above student is in good academic standing and is expected to be a full-time student for the designated term. I recommend approval of the request _____ Date _____

Required Signature Home Institution _____ Date _____

Registrar at Host Institution _____ Date _____

Instructions for Completing Form

1. Supply all information requested. Check with your Registrar with any questions.
2. Obtain all required approvals at your Home institution.
3. Bring the completed form to the Registrar for processing.
 - a. Registrars, please scan and send to kgannon@cic.nche.edu for processing and coordination with host institution.
4. Check your schedule to confirm the accuracy of the cross registration.