

Western New York Consortium
Undergraduate Cross-Registration Agreement
(For Full Time Matriculated Students Only)

Please Print Legibly

Date: _____

Last name: _____

First Name: _____

MI: _____

*Social Security #: _____ - _____ - _____

Student ID#: _____

DOB: ____ / ____ / ____

*Personal student information is treated confidentially and consistent with the Family Educational Rights and Privacy Act (FERPA), the NYS Cyber Security Policy P03-002: Information Security Policy, and is compliant with NYS General Business Law Section 399-ddd.

Email address: _____

Cross-Registration Semester: _____ Fall: _____ Spring: _____ Year: 20 _____

Have you previously cross-registered at host institution? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been dismissed/suspended from a college for disciplinary reasons? Yes _____ No _____

Name of Home Institution: _____

Name of Host Institution (Visiting Institution): _____

Host Institution Course & Section# (i.e. ENG 101)	Host Institution Course Title	Host Institution Credit Hours (limit one course)	Home Institution Course Equivalency- to be completed by Home Institution	Credit Hours at Home Institution