

**Western New York Consortium
Undergraduate Cross Registration Request Form
(For Full Time Matriculated Students Only)**

Semester: Fall or Spring 20_____

Date _____
Month Day Year

Name: _____
Last First Middle

Local Address: _____
Number and Street City State Zip

Social Security #: _____ - _____ - _____ Local Telephone #: _____

Full Time Student at: _____
(Name of Home Institution)

Request to Cross Register at: _____
(Name of Visiting Institution)

Course Requested (Maximum of one course) which is not regularly offered at home institution:

Dept. & Course #:	Descriptive Title:	Sem. Hrs/Credit:	Comparable Daemen Course
_____	_____	_____	_____

Home Institution Approval: _____
Signature of Advisor

Signature of Chairman of Daemen Department Granting Course Credit

Signature of Cross Registration Officer (REQUIRED)
(REGISTRAR'S OFFICE)

IMPORTANT INFORMATION FOR STUDENTS – PLEASE READ CAREFULLY AND SIGN BELOW

1. Students must abide by the rules and regulations outlined at the institution where he/she is registered
2. Students may cross register only for the approved course listed on this form
3. **STUDENTS MUST CONTINUE AS FULL TIME STUDENTS AT THEIR HOME INSTITUTION DURING THE SEMESTER IN WHICH THEY CROSS REGISTER IN ORDER TO BE ELIGIBLE TO RECEIVE CREDITS THROUGH THE CROSS REGISTRATION**