



Cross Registration Proposal

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|-------------------|-------|----------------|------|
| STUDENT NAME LAST | FIRST | MIDDLE INITIAL | Date |
|-------------------|-------|----------------|------|

ADDRESS, CITY, STATE, ZIP

TERM
 ____FALL ____SPRING ____YEAR

| | | | |
|------------|-------|-----|------------------|
| STUDENT ID | MAJOR | QPA | TELEPHONE NUMBER |
|------------|-------|-----|------------------|

| COURSE NAME | CROSS REGISTRATION NUMBER | CREDITS | INSTITUTION |
|-------------|---------------------------|---------|-------------|
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- STEPS FOR CROSS REGISTRATION:**
1. Meet with an academic counselor to determine course needed
 2. Complete the Cross Registration Form and return it to the Information & Registration Center at CCBC
 3. Pick up your Cross Registration Approval Letter and Form from the Information & Registration Center
 4. Drop your authorization letter off at the Student Records Office of the institution at which you will be taking the course
 5. Pay tuition for your cross registered and other courses to the Cashier at CCBC

SIGNATURES

Student Signature *Date*

Director of Enrollment Services *Date*