CCBC Community College of Beaver County

Cross Registration Proposal

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

STEPS FOR CROSS REGISTRATION:

1. Meet with an academic counselor to determine course(s) needed
2. Complete the Cross Registration Proposal Form and return it to Admissions & Registration at CCBC
3. Pick up your Cross Registration Approval Letter and Form from Admissions & Registration
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*