

CROSS-REGISTRATION PROGRAM ADD/DROP FORM

INSTRUCTIONS TO STUDENT: PLEASE READ CAREFULLY:

Fill out the **Student Information section** of this form *completely*. All information, along with your signature, is required. **Incomplete or incorrect forms delay processing.** Only full-time undergraduates at HECC member institutions are eligible for cross-registration, which is limited to one credit course per term for a total of three courses per degree program. To participate in the HECC Program you must:

1. Obtain approval from your Home Representative, (and Home Academic Advisor if applicable), to determine the course that is **not** available at your Home institution and which will be accepted by your home institution.
2. Obtain approval from the Host Representative who will determine if there is the required space available in the course. Both Home and Host Representatives must approve this form.

You must comply with the Host institution's registration deadlines and attendance dates and rules. Students should retain their copy of this completed form in their permanent records. By completing and signing this form you are giving permission to the Host Institution to send the grade for the course listed below to your Home Institution and to disclose the grade information in reports shared with the other participating HECC institutions, the HECC Coordinator the Board of the Higher Education Council of Columbus and the Ohio Department of Higher Education. Also, by your signature below, you are accepting responsibility for payment of all fees associated with this course, such as lab, parking, application and matriculation fees.

STUDENT INFORMATION: PLEASE PRINT CLEARLY - ALL INFORMATION IS REQUIRED

Name: _____
Last First MI

Address: _____
Street Number and Name Apt No.

_____ City State ZIP Code

Daytime Phone Number:(_____) _____ Full Social Security Number: ____/____/____

Student Signature: _____ Date: ____/____/____

HOME AND HOST INSTITUTION INFORMATION: ALL INFORMATION IS REQUIRED

Has the student cross-registered before? Yes No If yes, at which Host Institution(s): _____

Number of times the student has cross-registered: _____

Has the student ever attended the Host Institution before? Yes No

Home Institution: _____ Host Institution: _____ **ADD** **DROP**

HOST COURSE INFORMATION:

Term: Autumn Spring Summer Year: _____

Credit Hours: _____ Host Institution Registration Number: _____

Course Name (e.g.: MATH, PSY, ENGL): _____ Course Number (e.g.: 101, 302.05): _____

Course Title: (e.g.: Introduction to Psychology): _____

Home Representative Signature: _____ Date: ____/____/____

Home Advisor Signature: _____ Date: ____/____/____

Host Representative Signature: _____ Date: ____/____/____