



Cross Registration Proposal

STUDENT NAME	LAST	FIRST	MIDDLE INITIAL	Date
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ADDRESS, CITY, STATE, ZIP

TERM ____FALL ____SPRING ____YEAR	STUDENT ID	MAJOR	QPA	TELEPHONE NUMBER
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COURSE NAME	CROSS REGISTRATION NUMBER	CREDITS	INSTITUTION

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