

GRADUATE THEOLOGICAL UNION - HOLY NAMES COLLEGE

APPLICATION AND CERTIFICATION FOR CROSS REGISTRATION

Please print or type so that all copies are legible

Semester/ Year _____ / _____
Term / Year

Home School: Holy Names ___ GTU ___

GTU School of Affiliation _____

Degree Program _____

Year in Program _____

Student's Name _____
Last First Middle

Current Address _____
Street and Number City State/Zip

Telephone _____ Social Security Number _____ Sex _____
Area code and Number

Birth Date _____ Birth Place _____ Country of
 Citizenship _____

Course to be taken at GTU/HNC - Every box MUST be filled:

COURSE NUMBER or COURSE I.D.	COURSE TITLE	NO. OF UNITS	GRADE OPTION <small>Circle One</small>	SIGNATURE OF GTU INSTRUCTOR or HNC DIVISION CHAIR or HNC REGISTRAR
			L.G.	
			P/F	

Certifying Signatures:

Signature of Student _____ Date _____

Faculty Advisor (if required by school) _____ Date _____

Dean of GTU School of Affiliation _____ Date _____

HNC Division Chair _____ Date _____

GTU Common Registrar _____ Date _____

HNC Registrar or Representative _____ Date _____

Remember, it is your responsibility to:

- a. be sure all prerequisites and criteria for cross-registration are satisfied;
- b. be sure all the information on this form is complete and correct, obtain all required signatures, give the completed form to the HOST school Registrar who will return the yellow copy to the HOME school Registrar (Note: your cross-registration in the course is not officially recorded until a copy of the completed form is obtained by the GTU/Holy Names Registrar);
- c. meet all registration regulations, deadlines and penalties at the HOST school;
- d. notify the Registrars at BOTH schools if the class is dropped, to avoid getting a UW or 'F' grade.

Host School - Original White

Home School - Yellow