GRADUATE THEOLOGICAL UNION - UNIVERSITY OF CALIFORNIA AT BERKELEY
APPLICATION AND CERTIFICATION FOR CROSS REGISTRATION

Please print or type so that all copies are legible

Semester/Year _____/_____ GTU School of Affiliation_____
Term / Year

Enrollment Status at UCB: New_____ Re-entering_____
(1st cross-reg. term) (After completion of a cross-reg. class)

Registration Status: Casual_____ Cooperative_____ Joint Doctoral_____
(Non-Ph.D.) (Ph.D.) (Ph.D. in Near Eastern Studies)

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_____

Bachelor's Degree granted by:

_____
Name and location of school *Degree conferred* *Date conferred*

Course to be taken at UCB - Every box MUST be filled:

CONTROL NUMBER	DEPT	COURSE NUMBER	SECT. NUMBER	NUMBER OF UNITS	CIRCLE GRADE OPTION	SIGNATURE OF INSTRUCTOR OFFERING THIS COURSE (Required)
					Letter P/NP S/U	

Certifying signatures: I certify that this student is enrolled in a degree program, that a transcript of the student's undergraduate work showing evidence of the bachelor's degree is on file and that the scholastic record is above average, and that all fees have been paid.

_____
Dean of School of Affiliation -- GTU *Date*

_____
Common Registrar -- GTU *Date*

_____
Dean of College or Department Chair (if required) -- UCB *Date*

Procedure for Cross Registration:

1. **Obtain Signature of Dean of your school (GTU MA's School of Affiliation Dean).**
2. **Fill in top of form.**
3. **List UCB course WITH CORRECT CONTROL NUMBER.**
4. **Get signature of Instructor offering course.**
5. **Get UCB Dean of College or Dept. Chair signature, if required.**
6. **Return completed form with all signatures to the GTU Common Registrar's office by posted deadline.**

UCB - Original White GTU - Yellow