

UNDERGRADUATE CROSS REGISTRATION FORM

For Students at Charleston Southern University, The Citadel, the College of Charleston, the Medical University of South Carolina, and Trident Technical College

Cross-Registration Policies

1. This form is to be used only for those students cross registering under the "Tuition-Free Policy". Students must register in person. Mailed, faxed or emailed forms will not be processed.
2. Student must have already earned 15 hours or more at the home institution before cross-registering (with exceptions for those enrolled in special programs between specific institutions).
3. Courses are available under this program only on a space-available basis; registration occurs at the time designated by the host campus.
4. In order to qualify, visiting students must:
 - a. Be enrolled in 12 credit hours at their home institution and pay full-time tuition at their home institution
 - b. Be in good standing at their home institution and have a minimum overall cumulative GPA of 2.0 on a 4.0 scale
 - c. Be enrolling in a course or courses not available at their home institution for which they meet the prerequisite requirements and have obtained the required approvals
 - d. Present a current, official transcript from their home institution along with this Cross-Registration Form
 - e. Pay additional special fees, such as science and foreign language lab fees directly to the host institution.
5. All courses taken at the host campus will be sent to and recorded by the home institution. Students will be awarded transfer credit at home institution for courses with a grade of C (2.0) or higher.

Home Institution _____

Cross-Registration is for:

Host Institution _____

Term: _____ Year: _____

Personal Data

Name _____

Date of Birth _____

Social Security # _____

Student ID #, if different _____

Freshman ___ Sophomore ___ Junior ___ Senior ___ Program or Major _____

Mailing Address _____

Telephone # _____

Gender: M ___ F ___ Ethnicity (check one) White ___ American Indian/Alaskan Native ___ Asian ___ Pacific Islander ___ Black ___ Cuban ___ Mexican ___ Puerto Rican ___ Other Hispanic ___ Other not listed ___

Country of Citizenship _____ SC Resident? Y ___ N ___ If yes, what county? _____

Have you attended the host institution before? Yes ___ No ___ If yes, when? _____

If you attended under a different name, what was that name? _____

Titles of Requested Courses	Department	Course #	Section #	Credit Hours	Home Campus Department Approval (signature and comparable course number)
<i>Example: Parasitology</i>	<i>Biology</i>	<i>436</i>	<i>001</i>	<i>4</i>	

- *I certify that I am enrolled for a minimum of 12 hours at my home institution and paying full-time tuition there. The courses at the host institution are in addition to those at home. If my enrollment at my home institution drops to less than 12 hours, I will notify the registrar at the host institution.*
- *I hereby authorize my grades for the course(s) listed above to be sent to the registrar of my home institution at the semester's end. The above information furnished by me is true.*

Student Sign Here _____ Date _____

SIGNATURES OF APPROVAL

1. _____

2. _____

*Home Institution Dean/Director Signature
(signature not required for College of Charleston students)*

*Home Institution Registrar Signature
Is this student a SC resident? Yes ___ No ___*

3. _____

Host Institution Registrar Signature