

**UNDERGRADUATE CROSS REGISTRATION FORM**  
For Students at Charleston Southern University and the College of Charleston

**Cross-Registration Policies**

1. This form is to be used only for those undergraduate 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 registering (with exceptions for those enrolled in special programs between specific institutions). College of Charleston students with more than 87 hours must also submit a Coursework Elsewhere During Senior Year Petition Form.
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. Beenrolled in 12 credit hours at their home institution and pay fulltime 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 s au re WPA of 0.2 during avech they T2 9 Tf 194et the prerequisite requirements and have

institution for courses with a grade of C (2.0) or higher. credit at home

Home Institution \_\_\_\_\_ Cross-Registration is for: Semester \_\_\_\_\_ Year: \_\_\_\_\_  
Host Institution \_\_\_\_\_ Part of Term (circle): FULL EXPRESS/TERM 1 EXPRESS/TERM 2

**Personal Data**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Student ID #, if different \_\_\_\_\_ Program or Major \_\_\_\_\_  
Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Gender: M \_\_\_ F \_\_\_  
Mailing Address \_\_\_\_\_  
Telephone # \_\_\_\_\_ Home Institution Email Address \_\_\_\_\_  
Ethnicity: Are you Hispanic/Latino? Yes \_\_\_ No \_\_\_ Regardless of your answer to the ethnicity question, please mark one or more races to indicate what you consider yourself to be: Black or African American \_\_\_ Alaskan Native \_\_\_ American Indian \_\_\_ Asian \_\_\_ Native Hawaiian \_\_\_ Pacific Islander \_\_\_ White \_\_\_ Unknown \_\_\_  
Country of Citizenship \_\_\_\_\_ If not US, please list visa type, or permanent resident (P) \_\_\_\_\_ Expiration date \_\_\_\_\_.  
If yes, what county? \_\_\_\_\_ ~~Wa~~ 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)
Example: Parasitology	Biology	436	001	4	

I certify that I am enrolled for a minimum of 12 hours at my home institution and paying full the 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. The above information furnished by me is true.

Student Sign Here \_\_\_\_\_ Date \_\_\_\_\_

**SIGNATURES OF APPROVAL**

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Home Institution Dean/Director Signature Home Institution Registrar Signature