Western New York Consortium Undergraduate Cross Registration Request Form (For Full Time Matriculated Students Only)

Semester: rall or Spring 20	· 		Date	Aonth	Day	Year
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	Number and Street	City		State		Zip
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Social Security #:		Local Telephone #: _				
Full Time Student at:				_		
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IMPORTANT INFORMATION FOR STUDENTS – PLEASE READ CAREFULLY AND SIGN BELOW

- 1. Students must abide by the rules and regulations outlined at the institution where he/she is registered
- 2. Students may cross register only for the approved course listed on this form
- 3. STUDENTS MUST CONTINUE AS FULL TIME STUDENTS AT THEIR HOME INSTITUTION DURING THE SEMESTER IN WHICH THEY CROSS REGISTER IN ORDER TO BE FLIGHTE TO RECEIVE CREDITS THOUGH THE CROSS REGISTRATION.