Cross Registration Permit

HOLY NAMES UNIVERSITY, OAKLAND, CALIFORNIA

Concurrent Enrollment ☐ Semester ☐ Quarter Term_____ Year_____

PLEASE PRINT

Student's Name: _____
Last First Middle I.

Address: _____
Street City State Zip

Home Phone: ( ) _____ SSN: _____ - _____ - _____

HNU Student Email: _____

Home Institution: **Holy Names University** Host Institution: _____

Major Field: _____ Classification (Jr., Sr., etc.): _____

COURSES TO BE TAKEN: **CREDIT TO BE RECEIVED:**

Department & Course #	Title	Semester Units	Quarter Units	Course Units	Pass/Fail Please Check

Instructor's Name (print): _____(Instructor's signature goes below on Line 4)*

Any change in registration as shown above must be approved by both schools.

A. Student must meet all prerequisites and criteria for cross-registration.
B. Student is responsible for obtaining all appropriate signatures and returning completed form to the Office of the Registrar at the HOST school. A copy of the permit must be turned in to the HOME school within one week after the class begins.
*C. *Student is responsible for meeting all registration regulations; deadlines and penalties at the host institution.*
D. If this class is dropped, it is the student's responsibility to notify both HOST and HOME schools to avoid an unofficial withdrawal or failure.

***Permission may be subject to the host school's class size requirement.*

Complete by securing signatures in numerical order.

1. _____
Student Signature

2. _____
HNU Advisor

3. _____
HNU Registrar

4. _____
HNU Academic Affairs Representative

5. _____
*HOST Instructor

6. _____
HOST Registrar