

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 _____ / _____
Term / Year

GTU School of Affiliation _____
(PhD & ThD students: enter "GTU")

Enrollment Status at UCB: **New** _____
(1st cross-reg. term)

Re-entering _____
(after completion of a cross-reg. class)

Registration Status: **Casual** _____
(Non-PhD)

Cooperative _____
(PhD)

Joint Doctoral _____
(PhD in Near Eastern Studies or Jewish Studies)

Student's Name _____
Last First Middle

Current Address _____
Street and Number City State/Zip

Telephone _____ Social Security Number _____ Gender _____
Area code and Number

Email address _____

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.