



Central Connecticut State University

Office of the Registrar

Request For Reciprocity

Cross Registration At Public Institutions Of Higher Education

☐ Fall ☐ Spring Year _____

Name: _____ CCSU ID No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Home Institution: _____

Any student who is enrolled at another PUBLIC institution of higher education in Connecticut and who has paid tuition as a FULL-TIME student at that institution for the semester in question will be admitted without further charge to any course offered in the regular program of the University for which the student is academically qualified, provided:

- that the course is NOT offered at the student's own institution. (See below for required signature.)
• that the admission will not deprive any qualified CCSU University student of an opportunity to take the course.
• that the admission is recommended by the President or Registrar of the student's home institution.

No student may register for more than two courses.

Applicant Certification

I wish to be enrolled in the following courses:

Host Institution: _____

Table with 4 columns: CRN, Title, Credits, Day/Time

I understand that I am responsible for any financial obligations that may occur as a result of failing to meet the stated criteria for eligibility for reciprocity.

Student's signature: _____ Date: _____

I certify that this student meets the above criteria and that my institution is not offering the stated course(s) during the semester in question.

Registrar's / President's signature

Institution _____ Date _____