



Request for Reciprocity Cross Registration at Public Institutions of Higher Education

Fall _____

Spring _____

Year _____

First Middle Last CCSU Student ID Number

Permanent Address: Street Email

City State Zip Code Phone

Home Institution _____

Any student who is enrolled at another PUBLIC institution of higher education in Connecticut and who has paid tuition in fees 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 at 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 qualifying 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 course(s):

Host institution: _____

CRN	Subject	Course	Section/Session	Credits

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 state course(s) during the semester in question. _____

Registrar's Signature

Institution

Date