



## Reciprocity Request

### Cross Registration at CT Public Institutions of Higher Education

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 under this program per semester.

#### Part One: Student Information

Name: \_\_\_\_\_

CCSU ID#: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Institution: \_\_\_\_\_

#### Part Two: Applicant Certification

I wish to be enrolled in the following course(s) at:

Host Institution: \_\_\_\_\_

Fall

Spring

Year: \_\_\_\_\_

CRN (5-digits)	Subject	Course #	Course Title	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 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Part Three: Approval

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

Submit to:

Office of the Registrar, Willard-DiLoreto, Room D202

Fax (860) 832-2250, E-mail [regstaff@ccsu.edu](mailto:regstaff@ccsu.edu)