

Cross Registration Request Form



Guidelines:

1. Enrollment is limited to one class per semester/term.
2. Any full-time student enrolled at a Pittsburgh Council on Higher Education (PCHE) school may cross register.
3. Cross registration must be approved by the home advisor, home dean, home registrar, and host registrar.
4. Cross registration does not apply to summer semesters/terms.

***Note: form must be typed and printed before submitting.**

For the complete set of PCHE cross registration requirements, contact your home registrar.

Section 1 (Home School): General Information

Home School Student ID: _____ Birth Date (mm/dd/yy): _____ Sex: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____
 _____ Street Address _____ Apt/Box _____
 _____ City _____ State _____ ZipCode _____

Telephone: _____ E-mail Address: _____
 Home School.edu _____

Status (eg. Grad/Ugrd): Semester/Term: Year: _____

Home School:

<input type="checkbox"/> Carlow	<input type="checkbox"/> Chatham	<input type="checkbox"/> Point Park
<input type="checkbox"/> Carnegie Mellon	<input type="checkbox"/> Duquesne	<input type="checkbox"/> Robert Morris
<input type="checkbox"/> Community College of Allegheny County	<input type="checkbox"/> La Roche	<input type="checkbox"/> University of Pittsburgh
_____ (campus)	<input type="checkbox"/> Pittsburgh Theological Seminary	<input type="checkbox"/> ROTC
		_____ (school)

Are you in a joint program? If yes, name (i.e Comp Bio CMU/Pitt Law): _____

Section 2 (Host School): Cross Registration Information

Host School

Host School Student ID: _____

<input type="checkbox"/> Carlow	<input type="checkbox"/> Community College of Allegheny County	<input type="checkbox"/> Point Park
<input type="checkbox"/> Carnegie Mellon	_____ (campus)	<input type="checkbox"/> Robert Morris
<input type="checkbox"/> Chatham	<input type="checkbox"/> Duquesne <input type="checkbox"/> La Roche	<input type="checkbox"/> University of Pittsburgh
	<input type="checkbox"/> Pittsburgh Theological Seminary	<input type="checkbox"/> ROTC
		_____ (school)

Cross Registration Course Request

Primary Choice

Offering Department	Course Title	Course Ref./ Section No.	Credits/ Units	Meeting Days	Time From	To	Bldg./ Room	Grad/Ugrd (G/U)
A								
Lab/Rec.								

Secondary Choice (in case primary choice is not available)

B								
Lab/Rec.								

Section 3: Signatures

Student: _____ Date: _____

Home Advisor Approval: _____ Date: _____

Home Dean Approval (Univ of Pitt Only): _____ Date: _____

Home Registrar Approval: _____ Date: _____

Host Registrar Approval: _____ Date: _____

	Special Permission		
	Approved	Required	Not Available
A			
Lab/Rec.			
B			
Lab/Rec.			

Remarks: _____