

<b>Name (Last, First)</b>	_____					
<b>Student ID #</b>	_____	_____	_____	_____	_____	_____
<b>Requesting Term</b>	<input type="checkbox"/> Fall <input type="checkbox"/> Summer <input type="checkbox"/> Spring <input type="checkbox"/> Other: _____		<b>2</b>	<b>0</b>	_____	_____

School of Current Enrollment
<input type="checkbox"/> GSEP <input type="checkbox"/> Graziadio School <input type="checkbox"/> School of Law <input type="checkbox"/> Public Policy <input type="checkbox"/> Seaver College

Course(s) requested for cross-registration			
Course ID	Course Title	Units	School Offering Course

Briefly explain how each course relates to your current program of study

I agree to abide by all university policies and procedures as described in all applicable University catalogs, schedules, handbooks, and/or brochures.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval of School of Current Enrollment
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Cross-Registration Request  Approved  Not Approved

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

Printed Name & Title: \_\_\_\_\_

Approval of School(s) Offering the Course(s) Indicated Above
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Cross-Registration Request  Approved  Not Approved

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

Printed Name & Title: \_\_\_\_\_