

PEPPERDINE UNIVERSITY

Cross-Registration Enrollment Form

Name (Last, First)				School of Current Enrollment		
Student ID #						<input type="checkbox"/> GSEP
Requesting Term	<input type="checkbox"/> Fall	<input type="checkbox"/> Summer	<input type="checkbox"/> Spring	<input type="checkbox"/> Other: _____	2	<input type="checkbox"/> Graziadio School
					0	<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

Cross-Registration Request Approved Not Approved

Signature: _____ Date: _____

Printed Name & Title: _____

Approval of School(s) Offering the Course(s) Indicated Above

Cross-Registration Request Approved Not Approved

Associate Dean Signature _____ Date: _____

Printed Name & Title: _____

Instructor Signature: _____ Date: _____

Printed Name & Title: _____