

CROSS-UNIVERSITY REGISTRATION REQUEST FORM

(Please complete online before printing it off)

Note: A copy of your passport must be submitted with this registration request form.

SECTION 1: GENERAL INFORMATION

Student's ID Number _____ Birth Date _____ Nationality _____

First Name _____

Middle Name _____

Last Name _____

Gender: _____ Male

_____ Female

Phone: (home) _____ (mobile) _____ E-mail _____

Year _____

Semester/Term _____

Year _____

Home University/Program (*check one*)

Carnegie Mellon

Weill Cornell

Texas A&M

Virginia Commonwealth

Georgetown

ABP

Northwestern

Major _____

SECTION 2: CROSS REGISTRATION INFORMATION

Host University/Program (*check one*)

Carnegie Mellon

Weill Cornell

Texas A&M(online
application is also required)

Virginia Commonwealth

Georgetown

ABP

Northwestern

Have you previously registered for a course at the host institution? _____yes _____no

Cross Registration Course Request

(A) First Choice:

Course Title _____ Course Number _____ Course Section _____

(B) Second Choice:

Course Title _____ Course Number _____ Course Section _____

☐ Please Consider me for both courses

SECTION 3: SIGNATURES

Student's Signature _____ Date _____

Home Academic Dean/Advisor Approval _____ Date _____

Home Registrar Approval _____ Date _____

Host Registrar Approval _____ Date _____

Student Status (confirmed by Home Registrar): ☐ Full time ☐ Part time

SECTION 4: TRANSCRIPT

Upon completion of the term at the host university, I give permission for release of my official transcript to my home campus.
All accounts (financial, library, etc.) with the host university must be cleared before the transcript will be released.

Student's Signature _____ Date _____