Colleges of the Fenway™

Cross-Registration Form

Term: _____

Please complete this form at Simmons College before traveling to the host institution. Return completed form after host school registration to Simmons College.

Name: _____ SSN: _____
Last *First* *XXX-XX-XXXX*

Please indicate the name of your ***HOME*** institution: _____SIMMONS COLLEGE___

Local Address: _____
Street Address *City* *State* *Zip*

Permanent Address: _____
Street Address *City* *State* *Zip*

Phone number(s): _____ Email address: _____

DOB: _____ Gender: _____
MM/DD/YY

REGISTRATION **Limited to two courses per semester**

Students are encouraged to list 2nd and 3rd choices in the event their 1st choice is full.

Choice #	Host College Name	Department/ Course Number/Section	Course Title	Course Day(s)/Time(s)	Credit Hours	Pass/Fail Letter Grade*
1						
2						
3						

*You must comply with the requirements of your HOME institution. The majority of courses at Mass Art are graded pass/fail only.

Are you planning to graduate in this term? Yes ☐ No☐

REQUIRED SIGNATURES

Student _____ Date _____

Advisor _____ Date _____

Registrar's Office* _____ Date _____
Signature of Registrar constitutes home institution approval

This course will fulfill a requirement for the student's major:
Department Chairperson _____

This course will fulfill the following graduation requirement: _____

Registrar's Office _____

TO BE COMPLETED BY HOST INSTITUTION **Host institution ID#** _____

Registration is ☐Approved ☐Denied Choice # 1 2 3

Registrar's Office Signature _____ Date _____

White copy: Simmons College **Yellow copy**: host institution **Pink copy**: student **04/08**