

## HVCC - Hudson Mohawk Cross-Registration Form

## **Cross-Registration HVCC Student Information**

Last Name:	First:		Middle:
Date of Birth:	HVCC ID Number: _		
Major:	Student Class:		
Foreign/Permanent Address:	Local Address:		
Street Address	Street Address		
City, State, Zip	City, State, Zip		
Home Phone Number:	Cell Phone Num	nber:	
HVCC Required Signatures			
Student Signature:			_Date:
The above student is in good academic standing and recommend approval of this request.	l is expected to be a full-ti	me student for	r the term in question. I
$\backslash$			_ Date:
The below course request for cross-registration is ap	proved.		
HVCC Registrar:			Date:
Host Campus/Institution Information			
Host Campus/Institution Information			_
Host Campus/Institution Information	Year:		
Host Campus/Institution Information Host Campus/Institution: Semester/Quarter:	Year:		
Host Campus/Institution Information Host Campus/Institution: Semester/Quarter: Cross-Registration Course Title:	Year:		
Host Campus/Institution Information         Host Campus/Institution:         Semester/Quarter:         Cross-Registration Course Title:         Course Subject Code:         S         Have you cross-registered at this institution before?	Year: ection Number: _ Yes	Numb	er of Credits:
Host Campus/Institution Information         Host Campus/Institution:         Semester/Quarter:         Cross-Registration Course Title:         Course Subject Code:	Year: ection Number: Yes	Numb	er of Credits:
Host Campus/Institution Information         Host Campus/Institution:         Semester/Quarter:         Cross-Registration Course Title:         Course Subject Code:         Semester/Quarter:         Source Subject Code:         Semester/Quarter:         INSTRUCTIONS FOR COMPLETIONS FOR COMP	Year: ection Number: Yes ING THE CROSS-REGIS	Numb	er of Credits:
Host Campus/Institution Information         Host Campus/Institution:         Semester/Quarter:         Cross-Registration Course Title:         Course Subject Code:         Semester/Quarter:         INSTRUCTIONS FOR COMPLETI         1.       Please supply all information requested. If you have         2.       Obtain the approval and signatures	Year: ection Number: Yes ING THE CROSS-REGIS	Numb	er of Credits:
Host Campus/Institution Information         Host Campus/Institution:         Semester/Quarter:         Cross-Registration Course Title:         Course Subject Code:         Semester/Quarter:         INSTRUCTIONS FOR COMPLETI         1.       Please supply all information requested. If you have <t< td=""><td> Year: ection Number: Yes ING THE CROSS-REGIS ve any questions, contact</td><td>Numb</td><td>er of Credits: PLICATION</td></t<>	Year: ection Number: Yes ING THE CROSS-REGIS ve any questions, contact	Numb	er of Credits: PLICATION
Host Campus/Institution Information         Host Campus/Institution:         Semester/Quarter:         Cross-Registration Course Title:         Course Subject Code:         Semester/Quarter:         Semester/Quarter:         Semester/Quarter:         Course Subject Code:         Semester/Quarter:         INSTRUCTIONS FOR COMPLETING         1.       Please supply all information requested. If you have         2.       Obtain the approval and signatures host campus/institution.	Year: ection Number: ection Number: Yes ING THE CROSS-REGIS ve any questions, contact trar.	Numb □ No TRATION API the Registrar	er of Credits: PLICATION BEFORE you go to the

## HMA Cross-Registration Student Guidelines for Students (fall and spring)

**HVCC** = the institution where you are matriculated **Host Campus/Institution** = the campus/institution to which you are planning to cross-register

## Host Campus/Institutions:

Albany College of Pharmacy The College of Saint Rose Green Mountain College Maria College Rensselaer Polytechnic Institute Rose