

University at Albany

Cross Registration Agreement

Albany Law School

PLEASE PRINT LEGIBLY

Last Name: _____ First Name: _____ Middle Initial: _____

*Social Security #: _____ - _____ - _____ Student ID#: _____ DOB: ____/____/____

**Personal student information is treated confidentially and consistent with the Family Educational Rights and Privacy Act (FERPA), the NYS Cyber Security Policy P03-002: Information Security Policy, and is compliant with NYS General Business Law Section 399-ddd.*

E-mail Address: _____

Permanent Address: _____			
City: _____	State: _____	Zip: _____	Phone: _____
Local Address: _____			
City: _____	State: _____	Zip: _____	Phone: _____

Cross-Registration Semester: Fall: ____ Spring: ____ Year: 20 ____

Have you previously cross-registered at the host institution? Yes ____ No ____

Have you ever been convicted of a felony? Yes ____ No ____

Have you ever been dismissed/suspended from a college for disciplinary reasons? Yes ____ No ____

Name of Home Institution: _____

Name of Host Institution: _____

Host Institution Course# and Section#	Host Institution Course Title	Host Institution Credit Hours	Home Institution Course Equivalency – to be completed by the home institution.	Credit Hours at Home Institution

Signatures below are REQUIRED

I have read and understood the terms and conditions of this cross-registration agreement (on the reverse side). By signing I give permission for the Host institution to exchange enrollment, grade, and financial information with the Home institution. I understand that my current registration is for non-degree study and that my enrollment in this course/these courses does not guarantee my admission as a degree seeking student. In order to matriculate, I must file a formal application with the appropriate admissions office and meet admissions requirements. I am also aware that enrollment changes may impact my eligibility for financial aid for the current term and/or future terms. I will consult my Financial Aid Office regarding academic eligibility for financial aid, including satisfactory academic progress standards. I certify to the best of my knowledge that the information above is correct and true.

Student Signature: _____ **Date:** _____

Advisor or Chair or Dean Signature (discretion of home campus): _____

The above student is in good academic standing and is expected to have a course load equivalent to full time status between the Home and the Host institution. I recommend approval of this request based on the course equivalents and credit hours above.

Home Institution Signature: _____ **Title:** _____ **Date:** _____

Host Institution Signature: _____ **Title:** _____ **Date:** _____

HOME ID: _____	HOST ID: _____	Date: _____	Date: _____	Initials: _____	Initials: _____	Denied: _____	Reason: _____
Processed By Home Institution Processed By Host Institution							