

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

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

Name of Home Institution: University at Buffalo

Name of Host Institution: _____

Host Institution Course Numbers (from Cross-Registration Agreement/Request Form)

* Cross registration of UB students at other institutions is limited to courses that are not currently offered at UB, in which enrollment capacity has been reached, or in which the student has reached the limit for repeat attempts. The student must register for the course indicated on this form. Registration in any other course may result in the student being charged tuition and fees by the host institution.

Advisor Name (Print): _____ Approve Deny
(Academic Advisor should be from the student's academic department. For graduate courses, a departmental representative should complete and sign this form.)

Reason for approval:

- No UB equivalent is listed in TAURUS (Or, for graduate courses, there is no UB equivalent.)
- UB equivalent class is closed.
- Reserved seats are available for which the student does not meet the requirements.
- Class offering conflicts with another class on the student's schedule, and conflicting class is a requirement and no other sections are available.
- Student cannot self-register for repeated attempt and department refuses to force student in the course.
- Host institution course is the second in a sequence for which both courses are required to receive transfer credit at UB
- Student is not located in Western New York due to a clinical assignment outside of the area, and requested course is an online course that is not available online at UB.

The above student is expected to be a full-time student for the term in question, and the listed courses meet approval requirements. I recommend approval of this request based on the course equivalents and credit hours above.

Advisor Signature: _____ Date: _____

Once an academic advisor has reviewed and approved this form, the student should take the Cross-Registration Agreement/Request Form and this form to the Registrar at 1Capen, Capen Hall for review and institutional approval.