Cross Registration Academic Advisor/
Academic Department Review Form

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.

8/8/2017