Office of the Registrar, 1Capen, 716.645.5698

WNY Consortium 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)

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*UB students registering at other institutions through the WNY Consortium are 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 take the form to the Registrar at 1Capen, Capen Hall for review and institutional approval.

10/24/2017