

**UB Host Institution Cross
Registration Data Form**

Office of the Registrar, 232 Capen Hall, 716.645.5698

Cross Registration Term: _____ **Cross Registration Year:** _____

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

SSN or UB Person Number: _____ Date of Birth: _____ Gender: _____

Mailing Address & Academic Information

Permanent Mailing Address: _____ City: _____ State: _____

Zip or Postal Code: _____ Phone Number: _____ Email: _____

Have you ever applied to or attended UB? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever applied to or attended UB using a different name? Yes No

If yes, please provide previous name: _____

Have you ever been dismissed or prohibited from the programs or properties of a college or university for disciplinary reasons? Yes No

If yes, please explain the circumstances of your dismissal below:

International Students

County of Citizenship: _____ Visa Type (if applicable): _____

Institutional Information

Home Institution (where you are a matriculated student): _____

This information is accurate and completed to the best of my knowledge. I understand that a permanent academic transcript of the work I am now undertaking will be maintained by the University at Buffalo. Enrollment as a cross-registered student does not constitute admission to any degree-granting program of the University at Buffalo.

Student Signature: _____ Date: _____