

## WNY Consortium Academic Advisor/ Academic Department Review Form

	First Name:	Middle Initial:
Cross-Registration Semester: Fall:	_Spring:Year: 20	
Name of Home Institution: University	at Buffalo	
lame of Host Institution:		
lost Institution Course Numbers (from	n Cross-Registration Agreement/Reques	t Form)
urrently offered at UB, in which enrol or repeat attempts. The student must	•	which the student has reached the limit s form. Registration in any other course
		it. For graduate courses, a departmental
representative should complet	te and sign this form.)	
Reason for approval:		
No UB equivalent is lis	sted in TAURUS (Or, for graduate course	s, there is no UBequivalent.)
No UB equivalent is lis UB equivalent class is	· · · · · · · · · · · · · · · · · · ·	,
No UB equivalent is lis UB equivalent class is of Reserved seats are available. Class offering conflicts	closed. ailable for which the student does not n s with another class on the student's sch	neet the requirements.
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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.