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)

________________________________________

________________________________________

________________________________________

*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