



INSTRUCTIONS: This is a PDF fillable form. Please fill out form completely, signed by academic advisor (if required) and email to your HOME institution's registrar, who will send it to the host institution for processing.

NECCUM CROSS REGISTRATION

Year _____ Session/Semester _____

Student Name _____ Home Institution _____
 Home Address – Street _____ Host Institution _____
 City _____ State _____ Zip _____ Host Student I.D. # / SS# _____
 Telephone _____ E-mail _____ Date of Birth _____
 Emergency Contact Name + Tel. _____ Indicate your race for demographics _____ Citizenship _____

COURSE REQUEST: Full-time students may cross register into one or two day courses per semester. Lab fees, material fees and any other non-tuition fees required by a particular course ARE NOT EXEMPT and must be paid for by the participating student to the host institution.

Course No. & Section (Required)	Title (Required)	Credit Hours
1. _____	_____	_____
Alt. _____	_____	_____
2. _____	_____	_____
Alt. _____	_____	_____

The policies of the home institution regarding program curriculum requirements, credits earned, and grading options will apply. The student is responsible for fulfilling course requirements even though calendars and regulations may differ among Consortium institutions. *If course changes are made, the student must notify both the home and the host registrars. The student must comply with the regulations of the host institution.*

COURSE RESTRICTIONS: Evening, Continuing Education, Non-credit and Graduate courses may be restricted.

Approval by the registrars certifies that the policies of the participating institutions have been satisfied and the conditions of the Consortium policy have been met.

 Academic Approval (if applicable) Date Home Registrar (Signature) Date Host Registrar (Signature) Date

NECCUM MEMBERS: Endicott College, Gordon College, Merrimack College, Middlesex Community College, Montserrat College of Art, North Shore Community College, Northern Essex Community College, Salem State University and UMass-Lowell.

 I give permission to the host institution to release my academic record to my home institution.

Signature of Student _____ Date _____

Please Note: Student must initiate cross-registration with the home registrar.