

# PLEASE READ THE INSTRUCTIONS BELOW BEFORE PROCEEDING TO THE CROSS REGISTRATION FORM



Strategic Ohio Council for Higher Education

## CHECK YOUR ELIGIBILITY

Are you seeking a degree at your home institution?

Are you in good academic standing at your home institution?

Is the course you're looking to enroll in NOT available at your home institution during the selected term?

Does the course you're looking to enroll in apply to your program of study?

Are you taking as many (or more) credit hours at your home institution as you're seeking to enroll in at the host institution?

Is your combined course load (home institution credit hours + host institution credit hours) equal to or less than the full-time course load allowable at your home school?

Have you contacted your home institution's Cross Registration coordinator to see if you will need to complete any other forms?

**If you answered "no" to any of the questions above, contact your [home institution's Cross Registration coordinator](#) to determine an appropriate path forward.**

## CROSS-REGISTRATION PROCEDURES

- A. Using the checklist above, determine if you are eligible for cross-registration.
- B. **Contact your home institution's [cross-registration coordinator](#) BEFORE initiating the cross-registration process.** The home institution may require additional forms to be completed.
- C. Apply to the host institution as a NON-DEGREE-SEEKING student.
- D. Review the host institution's (*the cross-registration institution*) registration site to determine if there is space available in the course(s) sought. Course registration information includes course offerings, contact information, registration times, and information on prerequisites and fees. **DO NOT REGISTER YOURSELF** – that will happen via the cross-registration form.
- E. Complete the cross-registration form and obtain all necessary approvals. **You will need [Acrobat Reader](#) to open and save this form!** If you open the cross-registration form in any other platform, such as a web browser, it will not function properly. Instructions for completing the form:
  1. **Download and save the zipped cross-registration form file, then [unzip the file](#). Open the unzipped file in Acrobat Reader via desktop before attempting to fill out any sections.** The form must be saved in Acrobat Reader at each stage of completion for all functionality to work properly.
  2. With the form open in Acrobat Reader, fill out Section 1 of the cross-registration form with your personal information. Save the file as a PDF in Acrobat Reader.
  3. With the form open in Acrobat Reader, fill out Section 2 of the cross-registration form with information about the course(s) sought. Be sure to list a lab as a separate course. Save the file as a PDF in Acrobat Reader.
  4. With the form open in Acrobat Reader, digitally sign the cross-registration form in the appropriate spot and attach a copy of your current photo ID in the appropriate spot on page 2. Save the file as a PDF in Acrobat Reader.
  5. Email the fillable PDF as an attachment to the appropriate individual(s) for departmental or instructor approval(s), if required. **That person will need to open the form in Acrobat Reader**, digitally sign the form in the appropriate spot, then save the file in Acrobat Reader, and return to you.
  6. Email the fillable PDF as an attachment to obtain digital signatures from the appropriate individuals for institutional approvals in this order: (1.) home institution academic advisor; (2.) [home institution cross-registration coordinator](#); (3.) host institution academic advisor, if required; and (4.) [host institution cross-registration coordinator](#). Remind these contacts that they will need to save the file in Acrobat Reader before returning it to you.
- F. Failure to obtain the necessary approvals can result in rejection of the cross-registration application.
- G. **The completed cross-registration form must be submitted electronically to the host institution cross-registration coordinator no later than the first day of that institution's term.** Otherwise, the student will be responsible for all charges.
- H. Once the host institution cross-registration coordinator receives the completed form, with all appropriate approvals in place, and determines the form has been completed correctly, they will register the student for the requested course(s).

**This is not a comprehensive list of instructions. Review [soche.org/cross-registration](https://soche.org/cross-registration) for full details on cross-registration eligibility and procedures.**



# STRATEGIC OHIO COUNCIL FOR HIGHER EDUCATION Cross-Registration Change of Enrollment / Drop Form

Strategic Ohio Council for Higher Education

*Complete this form according to the instructions provided at [www.SOCHE.org/cross-registration](http://www.SOCHE.org/cross-registration). Information will be shared with host institution. Form must be opened, updated, and saved via Acrobat Reader at each stage of completion.*

**ALL INFORMATION MUST BE TYPED!**

Today's Date\* (mm/dd/yyyy)

Term Requested\* (e.g. Fall 2023)

\* Indicates required field

HOME Institution\*

HOST Institution\* (cross-registration school)

*NOTE: Ohio University currently does not participate in SOCHE Cross-Registration.*

## SECTION 1. STUDENT INFORMATION

First Name\*

Middle Name

Last Name\*

Preferred Name (if applicable)

Date of Birth\* (mm/dd/yyyy)

Last Four of SSN\*

Local Mailing Address \*

Apt. | Unit No. | Suite (if applicable)

City\*

State\*

Zip Code\*

Primary Phone Number\*

Primary Email Address\*

HOME Institution Student ID Number\*

HOST Institution Student ID Number

Legal Sex\*

Level of Degree Seeking\*

Major\* & Minor (if applicable)

U.S. Citizen?\*

State of Residence

If you are an Ohio resident, what county?

If international, of which country are you now a citizen?

Are you an AFRL/DAGSI Ohio student - Faculty Research Fellow?\*

## SECTION 2. REGISTRATION ACTION(S) REQUESTED

*Students should ensure space is available in selected course(s) by checking the host school's registration site before completing this form. When completing the section below, be sure to list a lab as a separate course from the lecture. Form must be opened, updated, and saved in Acrobat Reader in order for digital signature to function. **ALL INFORMATION MUST BE TYPED.***

Add	Drop	Dept. Prefix & Course Number	Section	Day & Time	Credit Hours (Semester)	Credit Hours (Quarter)	Course Title	Course Instructor signature, if required (click box to sign)
		<i>ex: BIO 124</i>	<i>ex: 2</i>	<i>ex: MWF 10:00</i>	<i>ex: 3</i>		<i>ex: Biology Course</i>	

### STUDENT SIGNATURE REQUIRED:

I certify that the information furnished by me is true. I agree to abide by all rules, regulations, practices, and policies of the host institution while enrolled. I authorize the host institution to send a transcript of the cross registration course grades to my home institution.

Student Signature\* (click box to sign)

Date\* (mm/dd/yyyy)

Printed Student Name\*

*Form must be opened, updated, and saved in Acrobat Reader in order for digital signature to function.*

## SECTION 3. INSTITUTIONAL APPROVALS

*Approvals must be obtained in the following order: (1.) Home Institution Academic Advisor, (2.) Home Institution Cross-Registration Coordinator, (3.) Host Academic Advisor or Department (if required), and (4.) Host Institution Cross-Registration Coordinator. Contact information for cross-registration coordinators is available at [soche.org/cross-registration](http://soche.org/cross-registration). Forms missing any required signatures will be rejected. Form must be opened, updated, and saved in Acrobat Reader in order for digital signatures to function.*

By signing below, I certify that the above-named student has the approval of the home institution listed above, is in good standing, and is currently enrolled. The course(s) requested, if successfully completed, will be applicable to the student's degree program.

- |   |   |                    |
|---|---|--------------------|
| 1. Home Institution Academic Advisor Signature* (click box to sign)               | Home Academic Advisor Printed Name*           | Date* (mm/dd/yyyy) |
| 2. Home Institution Cross-Registration Coordinator Signature* (click box to sign) | Home Cross Reg. Coord. Printed Name*          | Date* (mm/dd/yyyy) |
| 3. Host Academic Advisor/Department Signature, if required (click box to sign)    | Host Academic Advisor/Department Printed Name | Date (mm/dd/yyyy)  |
| 4. Host Institution Cross-Registration Coordinator Signature* (click box to sign) | Host Cross-Registration Coord. Printed Name*  | Date* (mm/dd/yyyy) |

## SECTION 4. FOR REGISTRAR OFFICE USE ONLY

*This section should be completed by the Cross-Registration Coordinators at the Home and Host Institutions. The Host Institution Cross-Registration Coordinator should send the completed, signed form to the Home Institution Cross-Registration Coordinator and to SOCHE (soche@soche.org). Form must be opened, updated, and saved in Acrobat Reader in order to retain functionality.*

HOME INSTITUTION CROSS-REGISTRATION COORDINATOR		HOST INSTITUTION CROSS-REGISTRATION COORDINATOR	
Contact Name		Contact Name	
Contact Email		Contact Email	
Contact Phone#		Contact Phone#	
Fax #		Fax #	

**The completed cross-registration form, with all approvals, must be submitted to the Host Institution no later than that school's first day of the term. Otherwise, the student will be responsible for all charges.**

## ACCOMMODATIONS

Students requiring accommodations from accessibility services should contact their HOME institution Accessibility/Disabilities Office and request that the home institution provide host institution with an accommodations letter. The student's home institution Accessibility Office should contact the host institution's office regarding host institution guidelines, then the home institution's office is responsible for communicating this information to the student. The student is responsible for informing faculty, as needed, or the student may request that the host institution's Accessibility Office inform the appropriate faculty.