ACTC Cross-Registration Request

for use by **Hamline** full-time degree-seeking undergraduates

Student Information - please print

Last Name	First Name	M.I.	Phone Number

SSN (required for cross-registration)	Hamline email alias (required for cross-registration)	Birthdate (required for cross-registration)
	@hamline.edu	

Course Information - please print

Host School (indicate the school that is offering the course)

☐ Augsburg ☐ Macalester ☐ St. Catherine ☐ St. Thomas

Department	Course Number	Section	Course Title	Credits

Course Meeting Information **Lecture** Day(s) _____ Start/End times _____ **Lab** Day(s) _____ Start/End times _____

Prerequisite(s) for Course	Instructor Name

Signatures/Approvals

STUDENT AFFIDAVIT

I understand that: 1) I must complete all work, including any assignments missed because of calendar differences between institutions; 2) I have completed all prerequisites for this course; 3) I have read and I agree to the ACTC cross-registration regulations posted at http://www.associatedcolleges-tc.org/registration.htm and; 4) I must submit the course description and course schedule with this form.

_____

Student Signature Date

APPROVALS

_____

Hamline Advisor (required) Date

_____

ACTC Instructor (if required) Date

(Instructor signature is mandatory during drop/add)

_____

ACTC Chair/Other (if required) Date

For SAS Use Only

reg _____

em _____

actc _____

HU subj/crs

HU term/crn

☐ Course Description Attached

☐ Course Schedule Attached