

Teacher Education Method Cross-Registration Request

* for use by Hamline GRADUATE students that are degree-seeking and full-time status

Student Information - please print

Last Name		First Name	M.I.	Phone Number
SSN (required for cross-registration)	Hamline email alias (required for cross-registration) @hamline.edu		Birthdate (required for cross-registration)	

Course Information - please print

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

Augsburg
 Macalester
 St Catherine
 St Thomas

Dept./Subj.	Course #	Section	Course Title	Credits
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Course Meeting Information	Lecture	Day(s) _____	Lab	Day(s) _____
		Start/End times _____		Start/End times _____

Prerequisite(s) for Course	Instructor Name
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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 attached the host institution's course description and course schedule; and 4) I have read and completed the Teacher Education Method Cross-Registration checklist.	GRAD/ED DEPT. CHAIR My signature verifies I have coordinated with the host schools (offering school) Education Department on this registration.	<input type="checkbox"/> Course Description Attached <input type="checkbox"/> Course Schedule Attached
	Student Signature _____ Date _____	Grad/Ed Dept. Chair Signature _____ Date _____