

Hamline University ACTC Cross-Registration Request for use by Hamline full-time degree-seeking undergraduates

Student Information - please print legibly

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

Course Information - please print legibly

Term <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring Year _____			Host School (indicate the school that is offering the course) <input type="checkbox"/> Augsburg <input type="checkbox"/> Macalester <input type="checkbox"/> St. Catherine <input type="checkbox"/> St. Thomas		
Department	Course Number	Section	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

<p>STUDENT AFFIDAVIT - I understand that:</p> <p>1) I must complete all work, including any assignments missed because of calendar differences between institutions;</p> <p>2) I have completed all prerequisites for this course;</p> <p>3) I have read and I agree to the ACTC cross-registration regulations posted at hamline.edu/actc and;</p> <p>4) I must submit the course description and course schedule with this form.</p>		<p>APPROVALS</p> <p>_____</p> <p>ACTC Instructor (if required) Date</p> <p>(Instructor signature is mandatory during drop/add)</p> <p>_____</p>	
<p>Student Signature _____ Date _____</p>		<p>ACTC Chair/Other (UST business &amp; Macalester CSCI/MATH courses) _____ Date _____</p>	
<input type="checkbox"/> Course Description Attached	<input type="checkbox"/> Course Schedule Attached		