

HVCC - Hudson Mohawk Cross-Registration Form

Cross-Registration HVCC Student Information

Last Name:	First:	Middle:
Date of Birth:	HVCC ID Number:	
Major:	Student Class:	
Foreign/Permanent Address:	Local Address:	
Street Address	Street Address	
City, State, Zip	City, State, Zip	
Home Phone Number:	Cell Phone Nu	mber:
HVCC Required Signatures		
Student Signature:		Date:
The above student is in good academic standing and recommend approval of this request.	is expected to be a full-	time student for the term in question. I
HVCC :		Date:
The below course request for cross-registration is app	proved.	
HVCC Registrar:		Date:
Host Campus/Institution Information		
Host Campus/Institution:		
Semester/Quarter:	Year:	
Cross-Registration Course Title:		
Course Subject Code: Se	ection Number:	Number of Credits:
Have you cross-registered at this institution before?	☐ Yes	☐ No
Host Institution Registrar Signature:		
INSTRUCTIONS FOR COMPLETI	NG THE CROSS-REGIS	STRATION APPLICATION
 Please supply all information requested. If you hav Obtain the approval and signatures host campus/institution. 	e any questions, contac	ct the Registrar . BEFORE you go to the

- Take the form to the host campus/institution registrar.
- Leave one copy at the host campus/institution.
- Return a copy to the HVCC Registrar ffice. Failure to return the form will result in not being registered for the intended cross-registered course(s).
- 6. provide a copy to the student.

HMA Cross-Registration Student Guidelines for Students (fall and spring)

HVCC = the institution where you are matriculated **Host Campus/Institution** = the campus/institution to which you are planning to cross-register

Host Campus/Institutions:

Albany College of Pharmacy The College of Saint Rose Green Mountain College Maria College Rensselaer Polytechnic Institute Rose