Permission for Intra-University Cross Registration
(Tuition paid at rate of HOME School/College)

☐ Fall  ☐ Spring  ☐ Summer  YEAR: ________  Athlete: ☐ Yes  ☐ No

NAME: ___________________________ ID#: ___________________________

Last  First  Middle

HOME COLLEGE/SCHOOL: ☐ Liberal Arts  ☐ Business  ☐ Engineering  ☐ Education  ☐ Penfield College

LOCATION: ☐ Macon  ☐ Atlanta  ☐ Regional Academic Centers

ADDRESS: __________________________________________________________________________

CAMPUS P.O. BOX: ___________________________  CAMPUS PHONE: 301-

____________________________________________________________________________________

Home Phone: ___________________________  Cell Phone: ___________________________  Work Phone: ___________________________

HOST COLLEGE/SCHOOL COURSE(S):

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<th>COURSE(S)</th>
<th>SU/AU</th>
<th>YES if REPEAT</th>
<th>DAY/TIME</th>
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<td>EX: MATH104.1M1 or ENG 108.001</td>
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"SITE:  "MM" - Macon Main Campus  "MC" - Macon Center  "HR" - Henry Country Center  "DG" - Douglas County Center

"NE" - Atlanta North East Campus  "EA" - Eastman Center  "NC" - Newnan

I understand that I am responsible for following registration procedures and tuition payment through my home school/college. I am subject to drop/add and withdrawal deadlines according to the calendar of the program(s) offering the course(s).

____________________________________  ___________________________
Student Signature  Date

Approval must be obtained from each of the following in the order listed:

If all requirements, prerequisites, etc. for registration are satisfied and space is available in the class(es) when cross registration opens, permission to cross register is indicated by the signatures below:

This student has been advised concerning the applicability to his/her degree program of the course(s) requested through cross-registration:

1. Academic Advisor

____________________________________  ___________________________
Signature  Date

2. Assoc. Dean of HOME School/College

____________________________________  ___________________________
Signature  Date

3. Assoc. Dean of HOST School/College

____________________________________  ___________________________
Signature  Date

(6/15)mm