



**PLEASE PRINT LEGIBLY**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Student ID#: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

ESF students are allowed to cross register at another SUNY college during the fall or spring semester. Cross registration is intended to facilitate a student's timely degree completion. If a course is not required to remain on sequence for your primary major or General Education requirements, it is not eligible for cross registration. ESF does not participate in winter or summer cross registration.

Justification for cross registration request:

Cross-Registration Semester: Fall: \_\_\_\_ Spring: \_\_\_\_ Year: 20\_\_\_\_

Name of SUNY Host Institution: \_\_\_\_\_

SUNY Host Institution Course# and Section#	SUNY Host Institution Course Title	SUNY Host Institution Credit Hours (limit six (6) credits)	SUNY Home Institution Course Equivalency – to be completed by the home institution.	Credit Hours at SUNY Home Institution

**Signatures below are REQUIRED**

I have read and understood the terms and conditions of this cross-registration agreement. By signing I give permission for the Host institution to share course information with the Home institution. I am also aware that enrollment changes may impact my eligibility for financial aid for the current term and/or future terms. I will consult my Financial Aid Office regarding academic eligibility for financial aid, including satisfactory academic progress standards.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Associate Provost for Academic Affairs Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The above student is in good academic standing and is expected to be a full-time student for the term in question. I recommend approval of this request based on the course equivalents and credit hours above.