Western New York Consortium Undergraduate Cross-Registration Agreement

(For Full Time Matriculated Students Only)

Please Print Legibly

Date: Last name:	Fi	rst Name:				MI:	
*Social Security #: *Personal student information	Social Security #: Student ID#: ersonal student information is treated confidentially and consistent with the Family Educational Rights and Privacy Act (F				DOB: / /		
op2: Information Security Po	olicy, and is compliant with NYS General Busin	ness Law Section 399-ddd					
Cross-Registration Ser	mester: F	all: Sprin	g:	Year: 20			
Have you previously cross-registered at host institution? Yes_					No		
Have you ever been convicted of a felony? Yes				Yes	No		
Have you ever been dismissed/suspended from a college for disciplinary reasons? Yes					No		
Name of Home Institu							
	on (Visiting Institution) 6:)-5)1 <u> </u>			n)&f)-5)4_)()()[TE
Host Institution	Host Institution Course Title	Host Institution		Institution C		Credit	
Course & Section# (i.e.		Credit Hours (limit one	1 1 1			ed at Home Institution	
ENG 101)		course)	by Home institution		1011	1115111	ution
21(0101)							