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Student ID Number _____ Last Name (Please print clearly) _____ First _____ Middle _____

Term: Fall Spring Summer Year: _____
(Check one)

Student's Signature _____ Date _____ Current phone number _____

HOST SCHOOL: _____

Host School Course Title & Number _____

Xavier University Equivalent: _____

FOR COURSE IN STUDENT'S MAJOR

Chair/Advisor Approval _____

FOR ALL COURSES

Dean's Approval _____

STUDENT: Return this completed form to the Office of the Registrar at Xavier University to receive the Consortium Cross-Registration form in order to register at the Host School.

CRITERIA: The student must be at least half-time and must bring written approval for consortium enrollment from the dean of his/her college to the Office of the Registrar. Contact the Office of the Registrar for more information. Consortium courses may not be taken in the last 30 hours at Xavier unless approved by a college dean.