



Xavier University

**CONSORTIUM APPROVAL FORM**

Office of the Registrar, email: [xureg@xavier.edu](mailto:xureg@xavier.edu), phone: 513-745-3941, fax: 513-745-2969

SESSION: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Year \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

STUDENT'S I.D. \_\_\_\_\_

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.**