

THE SAN FRANCISCO CONSORTIUM

1. **CROSS STUDENT REGISTRATION FOR:** _____ **20** _____
Quarter/Semester/Term

2. **STUDENT DATA:**

Last Name	First Name	M.I.	
Home Institution Student ID	Host Institution Student ID	Date of Birth	Phone Number
Local Address	City	State	Zip Code
Major	Classification (Freshman, Sophomore, etc.)		

3. **COURSE LISTING:**

Dept. No.	Course No.	Section No.	Course Title	Unit(s)
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4. **CHECK THE APPROPRIATE BOXES:**

Home Host

- California College of Podiatric Medicine
- City College of San Francisco
- Cogswell College
- Golden Gate University
- Hastings College of Law
- San Francisco State University
- University of California, San Francisco
- University of San Francisco
- Other: _____

5. In consideration of the acceptance of this request, I acknowledge that I am not cross-registered in any other course this quarter/semester through the San Francisco Consortium, except where special arrangements are made between participating institutions and that I have read the statement of Cross Registration Policy, Conditions, and Procedures, and agree to the above, subject to the conditions of my home institution.

Signature of Student _____ **Date** _____

6. **REQUIRED SIGNATURE APPROVALS:**

HOME Faculty Adviser _____ **Date** _____

HOME Dean _____ **Date** _____

HOME Registrar _____ **Date** _____

HOST Faculty Adviser _____ **Date** _____

HOST Registrar _____ **Date** _____

HOST Dean (after census date) _____ **Date** _____