SOUTHSIDE HIGHER EDUCATION CONSORTIUM
STUDENT CROSS-REGISTRATION FORM

Home Institution: _____

Student's Full Name (Last, First, Middle):				
Social Security Number:	Date of Birth:	Phone Number:		
Mailing Address:	City:	State:	Zip:	
Email:	Gender: ☐ Male ☐ Female	Marital Status: ☐ Single ☐ Married		

Ethnic Heritage: (*Optional- for reporting purposes only*)

(a) Are you of Hispanic, Latino or Spanish Origin ◯ Yes ◯ No

(b) Select your race- *Check all that apply*

☐ African American/Black ☐ Asian ☐ Native Hawaiian/Pacific Island

☐ American Indian/Alaskan Native ☐ White ☐ Other_____

Citizenship:

☐ U.S Citizen ☐ Permanent Resident ☐ Political Asylum/Refugee ☐ Temporary Visa: *type*_____

☐ Other: *Please Specify*_____

I wish to register for the following course(s) for the:

☐ Fall 20___ ☐ Spring 20___ semester at _____

Name of Host Institution

Dept.	Course No.	Section	Course Name	Credit Hrs.	Registration Status*

*A-Enrolled *C- Course Close, not Enrolled * N- Course Cancelled

_____

Date Filed

This student has completed all of the prerequisites for the course(s) listed above, is in good standing, and is eligible to take the course(s) listed above.

_____

Office of the Registrar, Home Institution

This student is eligible to take the course(s) listed above.

_____

Department Chair / Program Area

This student agrees to abide by the rules and regulations of the host institution, including rules and regulations governing academic honesty (Honor Code), student conduct, and student discipline.

STATEMENT: In compliance with state law, information provided on this registration form will be sent to the Virginia State Police and other state or federal agencies.

_____

Signature of Student Date

The above student has been registered for the above course(s) as indicated.

_____

Registrar, Host Institution Date