Cross Registration Approval Form

Name: [ ]
Address: [ ]
City, State, Zip: [ ]
Email: [ ]
Phone Number: [ ]

Home Institution: Meredith College

Institution you will Visit: [ ]

Student ID Number: [ ]

Date of Birth: [ ]

Sex: [ ] Male  [ ] Female

APPLICANT’S ETHNIC GROUP: Ethnic identification is required by the Office of Civil Rights of the Department of Health Education and Welfare to assure compliance with the Civil Rights Act. Ethnic origin is not a factor in admission; all applications are considered without reference to sex, creed, or race.

[ ] White (Not Hispanic Origin)  [ ] American Indian or Alaskan native  [ ] Black (Not Hispanic Origin)  [ ] Asian/Pacific Islander  [ ] Hispanic

Legal Residence: [ ]

County  [ ] State  [ ] Country

Citizenship: [ ] U.S. Citizen  [ ] Non-Resident Alien  [ ] Resident Alien

Place of Birth: [ ]

Are you attending, or have you attended the institution to be visited? [ ] Yes  [ ] No

Date last attended: [ ]

Classification: Undergraduate  Graduate

Date you desire to attend: [ ] Fall 20[ ] Spring 20[ ]

Expected Graduation Date: [ ]

Number of credit hours for which you will be enrolled for above semester: [ ]

Home Institution: [ ]

Visited Institution: [ ]

Courses to be taken at visited campus:

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<th>Dept. Abbreviation</th>
<th>Course Number</th>
<th>Section</th>
<th>Course Name</th>
<th>Credits</th>
<th>Hour and Day</th>
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By signing and dating this form, I consent to the sharing of all my education records (FERPA-protected information) among the home and host institutions.

Student Signature: [ ]

Date: [ ]

Visited Institution Registrar Signature: [ ]

Date: [ ]

Approval of Faculty Advisor - Home Institution
(Pre-requisites have been verified.)

Date: [ ]

Approval of School Dean /Division Head Home Institution

Date: [ ]

Approval of Registration Office - Home Institution

Date: [ ]

Approval of Department Head
(Meredith Students Only)

Date: [ ]

Approval of Division Chair
(William Peace Students Only)

Date: [ ]