CROSS-REGISTRATION PETITION TO BE USED FOR COURSES AT BOSTON COLLEGE AND BRANDEIS UNIVERSITY

**Instructions:** Complete the information below, obtain required approvals and submit to the Registrar’s Office at Boston College or Brandeis University.

**PLEASE PRINT:**
Last Name: ____________________________________________ First Name: ____________________________________________
Street Address: ___________________________________ City: ___________________ State: ___________ Zip Code: ___________
Tufts E-mail: _________________________________________ Phone #: __________________ Date of Birth: ___________________

Student Signature: ____________________________________ Date: __________________

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NOTE: ALL signatures are required to complete registration (if a seat is available in the course)!

<table>
<thead>
<tr>
<th>Course Subject &amp; Course # &amp; Section #</th>
<th>Course Title</th>
<th># of Credits</th>
<th>Grading Basis (Letter Grade or Pass/Fail)</th>
<th>Print Instructor’s Name</th>
<th>Instructor’s Signature</th>
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**HOST SCHOOL WHERE YOU ARE PETITIONING TO CROSS-REGISTER IN ONE OF THEIR COURSE(S) (check one):**
- Boston College: _______  
- Brandeis University: _______

**IMPORTANT TO REVIEW:** You must submit this completed cross-registration petition in-person to the Host School’s Registrar’s Office for processing (please do not burden the Host School to print a scan/email or accept a fax of this completed cross-registration petition unless the Host School’s Registrar’s Office makes this request to you). Also, the Host School’s Registrar’s Office may not accept submission of this completed cross-registration petition until the Host School’s first day of the semester’s classes. Please check-in with the Host School’s Registrar’s Office to find out when they will begin accepting Cross-Registration Petition Forms for the Fall or Spring semester.

Cross-Registration for: Semester (Fall or Spring): __________________ Year: __________________

*Print neatly the information requested below for the course(s) you are petitioning for cross-registration:*

**Friedman’s Registrar or Authorized Signature of Friedman’s Office of Student Affairs:**
Name: ____________________________________________ Signature: ____________________________________________ Date: __________________

**Host School’s Registrar or Authorized Signature of the Host School’s Registrar’s Office:**
Name: ____________________________________________ Signature: ____________________________________________ Date: __________________