

If you are a MAC user, you cannot fill this form out electronically. Please print out a hard copy to fill out and submit.

## 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:** \_\_\_\_\_

\*\*\*\*\*

**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:*

NOTE: ALL signatures are required to complete registration (if a seat is available in the course)!					
Course Subject & Course # & Section #	Course Title	# of Credits/Semester Hour Units	Grading Basis (Letter Grade or Pass/Fail)	Print Instructor's Name	Instructor's Signature

**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: \_\_\_\_\_