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:

<table>
<thead>
<tr>
<th>Course Subject &amp; Course # &amp; Section #</th>
<th>Course Title</th>
<th># of Credits/Semester Hour Units</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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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: __________________