NECCUM
A CIRCLE OF CHOICE

NECCUM CROSS REGISTRATION

Year _____ Session/Semester _____

INSTRUCTIONS:
This is a PDF fillable form. Please fill out form completely, have signed by academic advisor (if required) and email to your HOME institution's registrar, who will send it to the host institution for processing.

Student Name _____

Home Address – Street _____

City _____ State _____ Zip _____

Telephone _____ Email _____

Emergency Contact Name and Telephone _____

Home Institution _____

Host Institution _____

Host Student ID# / SS# _____ Date of Birth _____

Indicate your race for demographics _____ Citizenship _____

COURSE REQUEST:
Full-time students may cross register into one or two day courses per semester. Lab fees, material fees and any other non-tuition fees required by a particular course ARE NOT EXEMPT and must be paid for by the participating student to the host institution.

	Course No. and Section (Required)	**Title (Required)**	**Credit Hours**
1.	_____	_____	_____
Alt.	_____	_____	_____
2.	_____	_____	_____
Alt.	_____	_____	_____

The policies of the home institution regarding program curriculum requirements, credits earned, and grading options will apply. The student is responsible for fulfilling course requirements even though calendars and regulations may differ among Consortium institutions. *If course changes are made, the student must notify both the home and the host registrars. The student must comply with the regulations of the host institution.*

COURSE RESTRICTIONS: Evening, Continuing Education, Non-credit and Graduate courses may be restricted. Approval by the registrars certifies that the policies of the participating institutions have been satisfied and the conditions of the Consortium policy have been met.

_____ _____
Academic Approval (if applicable) Date

_____ _____ _____ _____
Home Registrar (Signature) Date Host Registrar (Signature) Date

NECCUM MEMBERS: Cambridge College, Endicott College, Gordon College, Merrimack College, Middlesex Community College, Montserrat College of Art, North Shore Community College, Northern Essex Community College, Regis College, Salem State University and UMass-Lowell.

I give permission to the host institution to release my academic record to my home institution.

Signature of Student _____ Date _____

Please Note: Student must initiate cross-registration with the home registrar.