

TRI-COLLEGE CROSS REGISTRATION REQUEST

COLLEGE OF ST. BENEDICT
ST CLOUD STATE UNIVERSITY
ST JOHN'S UNIVERSITY

(Consult reverse before completing this form.)

(Please Print) LAST NAME FIRST MIDDLE TERM YEAR

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Social Security Number

CURRENT ADDRESS: _____ PHONE (____) _____

HOME ADDRESS: _____ PHONE (____) _____

Class Standing _____
(Fr, So, Jr, Sr)

Home College CSB
 SJU
 SCSU

College you plan to attend CSB
 SJU
 SCSU

Major: _____

Reason: _____

Courses Requested: (Class Schedules are available at the Registrar's Office)

DEPT	COURSE #	SECTION #	TITLE	CR	TIME PERIOD	INSTRUCTOR

Adviser's Signature: _____

Date: _____

Home School Registrar's Approval: _____

Date: _____

Host School Registrar's Approval: _____

Date: _____

Comment: _____

OFFICE USE ONLY

Entered: _____

COLLEGE OF ST BENEDICT

ST JOHN'S UNIVERSITY

ST CLOUD STATE UNIVERSITY

OFFICE OF THE REGISTRAR

TRI-COLLEGE CROSS REGISTRATION REQUEST (Reverse of Form)

Beginning in Fall 1993, the College of St. Benedict, St. John's University, and St. Cloud State University put into effect an agreement designed to encourage registering for courses on any of the three campuses by their regular full-time undergraduate students. Essentially, the student may register for courses offered by one of the other institutions -- St. Cloud State or CSB/SJU -- with his/her home registrar. The registrar will determine, once the approved request to take a course at another campus is filed with him/her, whether space is available and confirm the student's registration in the course or courses selected. On the reverse of this page is the Registration Request which should be first completed by the student and then approved by the student's academic adviser. After approval, it should be presented to the home school registrar before the semester or term of the school where the course is to be taken begins. The registrar will confirm registration in the classes sought.