Higher Education Council of Berks County
Cross Registration Form

Policies:
1. Enrollment is limited to one course per semester.
2. A full-time undergraduate degree student in good academic standing enrolled at an HECBC school may cross register.
3. The student must be paying the full-time comprehensive tuition at the home school and must be in full-time status without including the cross-registered course.
4. Cross registration must be approved by the appropriate person at the home school designated to approve off-campus courses (e.g. Department Chair or Adviser), the Home Registrar and the Host Registrar.
5. Cross registration does not apply to summer semester/terms, winter interim terms or evening accelerated courses.
6. Students MAY have to pay lab fees, etc., at the host school.
7. If a student loses eligibility for this program, he/she will be liable for costs of continuing in the cross registered course.
8. The student must meet the prerequisites for the cross-registered course. The Home Registrar is responsible for verifying that prerequisites have been met.
9. Cross registration is on a space available basis as determined by the host school.
10. The student is responsible for providing and paying for his/her own transportation. The student is also responsible for any costs and inconveniences associated with different academic calendars.
11. The student is subject to the academic policies of the Host School regarding the cross registered course.
12. Courses taken will be treated as transfer courses, and therefore the grade will not transfer.

THIS FORM MUST BE SUBMITTED TO THE REGISTRAR’S OFFICE OF THE HOME INSTITUTION.

Name ______________________________________________________________________________________________
Last                                                                                               First                                                               Middle

Home Address ______________________________________________________________________________________
Street Address                                                                                                                                   Apt.
____________________________________________________________________________________
City                                                                            State                                                                 Zip

Telephone (        ) ________________________ Email ______________________________________________________

Date of Birth ____________________________ Gender ___________________

Home Institution (please check one)
☐ Albright College ☐ Penn State Berks ☐ Kutztown University ☐ Alvernia University ☐ Reading Area Comm. College

Host Institution (check one)
☐ Albright College ☐ Penn State Berks ☐ Kutztown University ☐ Alvernia University ☐ Reading Area Comm. College

Cross Registration Course Request – Primary Choice

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<thead>
<tr>
<th>Offering Dept.</th>
<th>Course Title</th>
<th>Course Ref. Section #</th>
<th>Meeting Days</th>
<th>Time To</th>
<th>From</th>
<th>Building/ Room</th>
<th>Credits/ Units</th>
<th>Course Start Date</th>
<th>Course End Date</th>
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Semester/Term (Circle One)      Fall      Spring      Year________

Secondary Choice (In case Primary Choice is Not Available)

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<tr>
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Student Signature _______________________________________________________________ Date__________________
Home School Course Equivalent Approval _____________________________________________ Date__________________
Home Registrar’s Approval _______________________________________________________ Date__________________
Host Registrar’s Approval ________________________________________________________ Date__________________
Remarks_____________________________________________________________________________________________

Rev. 08/16