

**CROSS REGISTRATION APPLICATION
NORTHEAST OHIO COUNCIL ON HIGHER EDUCATION**

PLEASE PRINT the following information and return this completed form to the Reception Desk in the **Enrollment Services Office**.

FULL LEGAL NAME _____
(LAST) (FIRST) (MI) (MAIDEN)
LCCC STUDENT NUMBER _____ SOCIAL SECURITY NUMBER _____
STUDENT PHONE HOME (_____) _____ BUSINESS (_____) _____
STUDENT'S DATE OF BIRTH _____
(MO) / (DAY) / (YEAR)

CIRCLE THE INSTITUTION YOU PLAN TO ATTEND

BALDWIN WALLACE COLLEGE	CLEVELAND STATE UNIVERSITY	LAKE ERIE COLLEGE
CASE WESTERN RESERVE UNIVERSITY	CUYAHOGA COMMUNITY COLLEGE	MYERS UNIVERSITY
CLEVELAND INSTITUTE OF ART	HIRAM COLLEGE	NOTRE DAME COLLEGE
CLEVELAND INSTITUTE OF MUSIC	JOHN CARROLL UNIVERSITY	URSULINE COLLEGE

CIRCLE WHICH TERM YOU WILL BE A CROSS REGISTRATION STUDENT

FALL SPRING YEAR: _____

COURSE AND CREDIT HOURS TO BE TAKEN AT OTHER INSTITUTION:

(COURSE NAME AND NUMBER) _____ (CREDIT HOURS) _____ LCCC EQUIVALENT _____
(ALTERNATE COURSE NAME AND NUMBER) _____ (CREDIT HOURS) _____ LCCC EQUIVALENT _____

CONDITIONS AS AN LCCC CROSS REGISTRATION STUDENT

1. Student is of and will remain in full time status, in good academic (GPA 2.00) and financial standing at LCCC during the semester of cross registration
 2. The course to be taken can not be offered at LCCC during the semester of cross registration
 3. A grade of "C" or better must be earned for a course to transfer from the host institution to LCCC.
 4. All course work must be completed at one of the above listed participating NOCHE institutions.
 5. Number of credit hours completed at another institution may not exceed the number that may be earned at LCCC in a like period of time.
- (SEMESTER HOUR CONVERSION: 1 semester hour is equal to 1 1/2 quarter hours.)

I HAVE READ THE ABOVE CONDITIONS OF PARTICIPATION IN THE CROSS REGISTRATION PROGRAM AND AGREE TO THEM.

STUDENT SIGNATURE _____

DATE _____