

# The San Francisco Consortium

CT Host, CE Home

Student: Complete Sections 1 through 5. Print clearly. Obtain Four Signature Approvals.

Submit completed form to One Stop Student Services, SSB 101, Registrar.

1 **Cross Registration for** (Quarter/Semester/Term) \_\_\_\_\_ 200 \_\_\_\_\_

2 **Student Data** (Print)

\_\_\_\_\_  
Last Name First Name Initial Birthdate  
(MM/DD/YY)

\_\_\_\_\_  
Local Address City State Zip

\_\_\_\_\_  
Major Class Level SFSU ID#  
(Freshman, etc.)

\_\_\_\_\_  
Email Phone Number

3 **Course Listing**

\_\_\_\_\_  
Department Number Course Title Units

4 **Check Appropriate Boxes**

Home Host  
Campus Campus

California College of Podiatric Medicine	<input type="checkbox"/>	<input type="checkbox"/>	
City College of San Francisco	<input type="checkbox"/>	<input type="checkbox"/>	
Cogswell College	<input type="checkbox"/>	<input type="checkbox"/>	
Golden Gate University	<input type="checkbox"/>	<input type="checkbox"/>	Tuition Required
Hastings College of the Law	<input type="checkbox"/>	<input type="checkbox"/>	
San Francisco State University	<input type="checkbox"/>	<input type="checkbox"/>	
University of California, San Francisco	<input type="checkbox"/>	<input type="checkbox"/>	
University of San Francisco, R.O.T.C. only	<input type="checkbox"/>	<input type="checkbox"/>	Tuition Required

5 I acknowledge that I am not cross-registered in any other course this quarter/semester through the San Francisco Consortium, except where special arrangements are made between participating institutions. I have read and agree to the statements of Cross Registration Policies, Conditions and Procedures, subject to the conditions of my home institution.

**Signature of Student** \_\_\_\_\_ **Date** \_\_\_\_\_

6 **Required Signature Approvals**

Home Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_

Home Registrar \_\_\_\_\_ Date \_\_\_\_\_

Host Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_

Host Registrar \_\_\_\_\_ Date \_\_\_\_\_