



CROSS ENROLLMENT HOLY NAMES

Concurrent Enrollment Term: _____ (Spring/Summer/Fall/Intersession) Year : _____

Student's Name _____
Last First Middle Initial

Address: _____
Street City State Zip

Home Phone: (____) _____ Merritt SID# _____ SSN: _____ - _____ - _____

Home Institution: MERRITT COLLEGE Host Institution: HOLY NAMES UNIVERSITY

COURSE TO BE TAKEN:

Department & Course # _____ Title _____ Units _____
(Ex: PSYC 1 Introduction to Psychology 3)

Instructor's Name (print): _____ (signature required below – line #3)

Any change in registration as shown above must be approved by both schools.

1. Student must meet all prerequisites and criteria for cross-registration.
2. Student is responsible for obtaining all appropriate signatures and returning completed form to the Office of the Registrar at the HOST institution. A copy of the permit must be turned in to the HOME institution within one week after the class begins.
3. Student is responsible for meeting all registration regulations, deadlines, and penalties at host and home institutions.
4. If the class is dropped, it is the student's responsibility to notify both HOST and HOME institutions to avoid unofficial withdrawal or failure.

APPROVAL/SIGNATURES REQUIRED IN NUMERICAL ORDER LISTED BELOW:

1: _____
Student's Signature Date

2. _____
Merritt College Concurrent Enrollment Program Coordinator Date
Email: akhoo@peralta.edu, mlbeall@peralta.edu

3. _____
Holy Names University Instructor's Signature Date

3a. _____
Holy Names University Registrar's Signature or Stamp Date