Permission to Cross-Register at Carthage College

PRINT LEGIBLY

Name: ___________________________  Student ID: ___________________________

Phone: ___________________________  UW-P Email: ___________________________

Major: ___________________________  Total Credits Earned: __________________

Term:  Fall  Spring  Academic Year: 20___

I would like to enroll in the following course(s) at Carthage College for the above term:

<table>
<thead>
<tr>
<th>Carthage College Course Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Numbers</td>
</tr>
<tr>
<td>__________________</td>
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</tbody>
</table>

The Carthage College course listed above is being taken as an equivalency to the following UW-Parkside course or meets the UW-Parkside degree requirement noted below.

<table>
<thead>
<tr>
<th>UW-Parkside Course Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Numbers</td>
</tr>
<tr>
<td>__________________</td>
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</tbody>
</table>

Degree Requirement:

Reason for the Request:

Cross-Registration at Carthage College Policy and Guidelines

UW-Parkside Students Requesting Permission to Register at Carthage College:

- Must be enrolled as a FULL-TIME student at UW-Parkside.
- May only cross-register for FALL or SPRING semesters. SUMMER and WINTERIM session are not eligible terms for cross-registration.
- Must have the approval of Director of Advising. If the Carthage College course is to be used to fulfill a requirement in the students major, minor, or certificate, approval from the Department Chair is also required.
- The Permission to Cross-Register at Carthage College form is completed by student. Student secures the required signatures for approval. Completed forms are submitted to Carthage College Cashiers Office for processing.
- Maximum 6 credits allowed. Students who register for a total number of credits over 18 credits will be assessed the appropriate overload fees. Contact the Cashiers Office for additional information.
- Official transcripts will be sent from Carthage College to UW-Parkside at the completion of the term.

My signature verifies that I have read and agree to the policies and guidelines.

Student Signature: ___________________________  Date: ______________

Departmental Approval: ___________________________  Date: ______________

Director of Advising: ___________________________  Date: ______________  ACC 2014