



INDICATE THE TERM AND YEAR:
 ___ Fall ___ Year
 ___ Winter ___ Year
 ___ Spring ___ Year
 ___ Summer ___ Year
 Rev 06/07

CROSS REGISTRATION FORM

1) **Home Institution:** Erskine Theological Seminary
 Sherry B. Martin, Registrar Phone: 864.379.8779 Fax: 864.379.2171

2) **Host Institution** _____
 Registrar's Fax _____ Registrar's Phone _____

3) Personal Data

Please PRINT legal name in full _____

Mailing Address _____

City _____ State _____ Zip Code _____

E-mail _____ Telephone (_____) _____

Social Security Number _____ Date of Birth _____

I certify that the information furnished by me is true. I agree to abide by all rules, regulations, practices, and policies of the host institution while enrolled there. I authorize the host institution to send a transcript of the cross registration course grades to Erskine Theological Seminary. I understand that it is my responsibility to check with the host institution to determine if a separate transcript request is required.

 Student's Signature Date

4) Registration Information

Courses Requested- *Availability depends upon offering and space*

<u>Course Number</u>	<u>Course Title</u>	<u>Credit Hours</u>	<u>Professor</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the above named student has the approval of the home institution, is in good standing, and is currently enrolled. The courses requested _____ will _____ will not be applicable to the student's degree program.

 School Official's Signature (Registrar or Dean) Date

**Office of the Registrar • Erskine Theological Seminary • P.O. Box 668 Due West, SC 29639
 864.379.8779 • Toll Free 877.811.8117 • Fax 864.379.3171 • registrar@erskine.edu**