



**OFFICIAL CROSS REGISTRATION FORM**

Term

1) **Home Institution:** Erskine Theological Seminary  
Andria Carpenter, Registrar Phone: 864.379.8779 Fax: 864.379.3171

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**