



# Employee Cross-Registration Form

Term: \_\_\_\_\_  
 Have you matriculated into an academic program at one of the COF colleges?  
 Yes  No

Please print.

Name: \_\_\_\_\_  
*Last* *First*

ID#: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *City* *State* *Zip*

Phone number(s): \_\_\_\_\_ e-mail: \_\_\_\_\_  
*work* *home*

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Class Year: \_\_\_\_\_ Ethnicity (optional): \_\_\_\_\_  
*MM/DD/YY*

**REGISTRATION**  
 (Limited to one course per semester)

Choice #	Host College Name	Department /Course Number/ Section	Course Title	Days/Time Held	Credit Hours	Pass/Fail Letter Grade*
1						
2						
3						

Your college may not allow Pass/Fail credit.

**REQUIRED SIGNATURES**

Employee \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Office \_\_\_\_\_ Date \_\_\_\_\_

Advisor (if matriculated student) \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Registrar's Office \_\_\_\_\_ Date \_\_\_\_\_

**FOR SIMMONS COLLEGE, WENTWORTH INSTITUTE OF TECHNOLOGY AND  
 MCPHS UNIVERSITY STUDENTS ONLY**

*If this course is required for your major or will fulfill a degree requirement*

Department Chairperson \_\_\_\_\_ Date \_\_\_\_\_

This course will fulfill the following graduation requirement: \_\_\_\_\_

**TO BE COMPLETED BY REGISTRAR OF HOST INSTITUTION**      Student ID \_\_\_\_\_

Registration is   Approved    Denied      Choice #      1      2      3

Comment \_\_\_\_\_

Registrar's Signature \_\_\_\_\_ Date \_\_\_\_\_