

Petition for Cross-Registration

INSTRUCTIONS: Complete all of the information below and return to Christine Muller at christine.muller@bc.edu.

Last Name	First Name	MI	Eagle ID Number	Gender
Street and/or Campus Address			Contact Telephone Number	Date of Birth
City	State	Zip Code	Contact E-mail Address	
Status: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate			Expected Graduation Term and Year: _____	
Semester That Course is Offered: _____			Academic Year: 20_____ to 20_____	

Please obtain signatures below in the order listed:

Student's Home Institution	Host Institution Where Course Will Be Taught
Home Institution: <p style="text-align: center;">Boston College</p>	Host Institution:
Degree Program:	Course Number: Course Section: Credits:
Major and/or Department:	Course Title (from Host Institution catalog):

BC Student Services Signature: _____ Date _____ Instructor's Signature: _____ Date _____

BC Advisor's Signature: _____ Date _____ Host Registrar's Signature: _____ Date _____

BC Dean's Signature: _____ Date _____	Comments:
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