

THE SAN FRANCISCO CONSORTIUM

1. CROSS STUDENT REGISTRATION FOR: _____ 20_____
Semester/Term

2. STUDENT INFORMATION:

| | | | |
|-----------------------------|-----------------------------|---------------|----------------------------|
| _____ | _____ | _____ | _____ |
| Last Name | First Name | M.I. | Date of Birth (MM-DD-YYYY) |
| _____ | _____ | _____ | _____ |
| Home Institution Student ID | Host Institution Student ID | Email Address | Phone Number |

3. COURSE LISTING:

| _____ | _____ | _____ | _____ | _____ | _____ |
|-------|-----------|------------|-------------|--------------|---------|
| CRN | Subj. No. | Course No. | Section No. | Course Title | Unit(s) |
| _____ | _____ | _____ | _____ | _____ | _____ |
| CRN | Subj. No. | Course No. | Section No. | Course Title | Unit(s) |

4. CHECK THE APPROPRIATE BOXES:

Home Host

- Academy of Art University
- City College of San Francisco
- Dominican University
- Golden Gate University
- San Francisco State University
- Sonoma State University
- University of California, San Francisco
- University of San Francisco
- Other: _____

5. In consideration of the acceptance of this request, I acknowledge that I am not cross-registered in any other course this quarter/semester through the San Francisco Consortium, except where special arrangements are made between participating institutions and that I have read the statement of Cross Registration Policy, Conditions, and Procedures, and agree to the above, subject to the conditions of my home institution.

Acknowledgement of Tuition and Fees: By registering for courses, I agree to 1) assume financial responsibility for any charges and/or fees posted to my account; 2) assume the responsibility for understanding USF's official policies concerning schedule changes and satisfactory academic progress; 3) it is my responsibility to understand how these changes can affect my financial situation with regard to financial aid eligibility. USF may impose late fees and/or deferment fees on outstanding balances. USF reserves the right to recover all costs involved with collection and/or litigation of delinquent accounts. If my account must be sent to collection or litigation due to nonpayment of the outstanding balance, USF reserves the right to demand payment in full for subsequent semesters of enrollment prior to the beginning of each semester.

Signature of Student _____ Date _____

6. HOME Faculty Adviser _____ Date _____

HOME Dean _____ Date _____

HOME Registrar _____ Date _____

HOST Faculty Adviser _____ Date _____

HOST Registrar _____ Date _____

HOST Dean (after census date) _____ Date _____