

WHEATON COLLEGE

Norton, Massachusetts, 02766

Office of the Registrar

SACHEM Cross Registration Form

Please Print All Information

I hereby seek approval from the Home and Host institutions indicated to cross-register for the course(s) shown. I have read the SACHEM Regulations and Procedures and agree to adhere to the policies of both institutions.

| | |
|------------------------------------|---------------|
| Name | Wheaton ID# |
| Local Address (include Box Number) | Home Phone |
| | Campus Phone |
| Permanent Address | Date of Birth |

Please list below the name of the HOST institution and your course selection(s).

| |
|--------------------------|
| Name of Host Institution |
|--------------------------|

| | | |
|-----------------------|--------------|-----------|
| Course Number/Section | Course Title | Days/Time |
| Course Number/Section | Course Title | Days/Time |
| Course Number/Section | Course Title | Days/Time |

| |
|--|
| Semester (Fall/Spring) / Academic Year |
|--|

HOME INSTITUTION APPROVAL

| | |
|------------------------|-------------------|
| Department Chairperson | Wheaton Registrar |
|------------------------|-------------------|

HOST INSTITUTION APPROVAL

| | | |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|

Wheaton College Registrar's Use Only

| | | | | | |
|----------|--------|---------------|---------|-----|--------------|
| Semester | Course | Course Number | Section | CRN | Date Entered |
|----------|--------|---------------|---------|-----|--------------|