

SALEM COLLEGE APPLICATION FOR CROSS-REGISTRATION

STUDENT NAME: TERM: YEAR: M. I.
 LAST FIRST M. I.

INSTITUTION: SALEM ID NO:

DATE OF BIRTH: SALEM EMAIL:

NC RESIDENCY: CITIZENSHIP (IF OTHER THAN USA):

ETHNICITY:

PERMANENT ADDRESS: STREET

 CITY STATE ZIP

 PHONE NUMBER

EMERGENCY CONTACT: PHONE NUMBER
 NAME PHONE NUMBER

 STREET

 CITY STATE ZIP

COURSE(S) REQUESTED: NAME OF COURSE
 PREFIX NUMBER SECTION NAME OF COURSE

 PREFIX NUMBER SECTION NAME OF COURSE

AUTHORIZED BY:

ADVISOR

DEAN OF UNDERGRAD STUDIES

DATE:

FOR OFFICE USE ONLY:

INSTRUCTOR PERMISSION

REGISTRAR PERMISSION

DATE REGISTERED: _____

INSTITUTION: _____