

**Southern Illinois University Carbondale/Southern Illinois University Edwardsville
APPLICATION FOR INTERCAMPUS REGISTRATION**

Student Name:

Last First Middle Initial Previous (if any) Preferred First Name

University ID number:

Date of Birth:

Email Address:

800xxxxxx

MM/DD/YYYY

Home Campus Email

Student Address:

Phone Number:

Number and Street

Allow Text Messages Yes No

City, State, ZIP

*Domestic phone numbers only. You may opt out at any time by replying STOP to any message.

HOME CAMPUS – (WHERE I AM CURRENTLY ENROLLED) <small>(check one)</small> <input type="checkbox"/> Southern Illinois University Carbondale <input type="checkbox"/> Southern Illinois University Edwardsville	GUEST CAMPUS – (WHERE I WANT TO TAKE THE COURSE(S) LISTED BELOW) <small>(check one)</small> <input type="checkbox"/> Southern Illinois University Carbondale <input type="checkbox"/> Southern Illinois University Edwardsville
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Course Registration Information:

CRN	Department Abbreviation	Course Number	Section Number	Credit Hours

TERM: <small>(Indicate one)</small>	
<input type="checkbox"/> FALL SEMESTER	20_____
<input type="checkbox"/> SPRING SEMESTER	20_____
<input type="checkbox"/> SUMMER SEMESTER	20_____

Advisor Authorization:

Student is pursuing a degree at home campus indicated above. Student is in good academic standing and is eligible for study at the home campus. Student has met the prerequisite requirements as listed in the undergraduate catalog for each course listed. Student is approved to take listed courses at the guest campus.

Advisor Signature Advisor Email Date

Student Agreement:

I acknowledge that I have discussed course enrollment at the guest campus with my home campus advisor in regard to credit applicability toward my degree. I agree to abide by the registration policies and course availability limitations at the guest campus. I approve of the sharing of final grades and academic transcripts between the two campuses.

Student Signature Date

OFFICIAL USE ONLY

HOST CAMPUS INFORMATION:

Host Registrar Signature:	Date of Confirmed Process/Registration:
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GUEST CAMPUS INFORMATION:

Form Rec'd Date:	Affiliate Acct Created:
Student Notified:	Instructor Notified: