

Petition for Cross-Registration

INSTRUCTIONS: Complete all of the information below and return to academicservices@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 <input type="checkbox"/> yes <input type="checkbox"/> no MCAS and CSOM Deans Use Only: This course will be counted as an elective in the Morrissey College of Arts and Sciences. At least 96 of the 120 credits required for graduation in Morrissey College of Arts and Sciences must be earned in MCAS courses. In the Carroll School of Management, 12 credits of electives must be completed within the Morrissey College of Arts and Sciences.	Comments:

I give my consent to release my grades from _____ (host university) to Boston College Registrar's Office.

Student's Signature: _____ Date: _____