

## CROSS CAMPUS COURSE REGISTRATION REQUEST FORM

**PROCEDURE:** A student who wishes to take a course at a location other than their home campus must complete and submit this form. The student must obtain approval from their home department chair and from the host department chair. A ground student taking an online course will be held to the Online campus Academic Calendar for registration, refund, and other policy deadlines. Students requesting to take more than one online course per term must connect with Student Finance.

**STUDENT INSTRUCTIONS:**

1. Select the desired course(s).
2. Complete all sections of this form, sign, and date it, and submit it to your Student Support Counselor no later than the first Monday of semester start.  
**EMAIL:** studentsupport@thechicagoschool.edu | **PHONE:** 800.595.6938 (Opt. 1) | **FAX:** 312.254.1442

**STUDENT NAME:** \_\_\_\_\_ **STUDENT ID#:** \_\_\_\_\_

**SCHOOL E-MAIL:** \_\_\_\_\_ **PHONE#:** \_\_\_\_\_ **HOME CAMPUS:** \_\_\_\_\_

**TERM/YEAR:** \_\_\_\_\_ **DEGREE LEVEL:** \_\_\_\_\_ **PROGRAM:** \_\_\_\_\_

**ARE YOU AN INTERNATIONAL STUDENT?**  No  Yes (An international student may take one online course per semester only. Contact your DSO.)

Course Code/Section #	Course Title	Credit Hours	Term/Semester	Course Campus Location
1.			<input type="checkbox"/> Term I <input type="checkbox"/> Term II <input type="checkbox"/> Semester 20	
2.			<input type="checkbox"/> Term I <input type="checkbox"/> Term II <input type="checkbox"/> Semester 20	
3.			<input type="checkbox"/> Term I <input type="checkbox"/> Term II <input type="checkbox"/> Semester 20	

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**STUDENT SUPPORT COUNSELOR** (please check each question carefully) **\*\*APPLIES TO ONLINE COURSES ONLY**

Student is registered in a ground course for the impacted semester and meets the Registration Policy:  Yes  No (If No, direct student to consult with Financial Aid to determine aid eligibility.)

Student is on track to take at least 51% of the total required credit hours for the degree program on-ground:  Yes  No

Student has previously passed an online course:  Yes  No, taken and did not pass  No, never taken

**STUDENT SUPPORT COUNSELOR SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**HOME DEPARTMENT CHAIR**

*The Course Substitution Petition may be required if the course meets a degree requirement but is not listed in the Program of Study.*

**COURSE 1:**  Approved  Denied      **COURSE 2:**  Approved  Denied      **COURSE 3:**  Approved  Denied

Course meets Degree Requirement:  Yes  No      Course meets Degree Requirement:  Yes  No      Course meets Degree Requirement:  Yes  No

**HOME DEPARTMENT CHAIR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**HOST DEPARTMENT CHAIR**

**COURSE 1:**  Approved      **COURSE 2:**  Approved      **COURSE 3:**  Approved

**HOST DEPARTMENT CHAIR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Department Chair: Please email this completed form to the Student Support Counselor listed above if Echo-sign is not used.**

### FOR OFFICE USE ONLY

**FINANCIAL AID & STUDENT ACCOUNTS REVIEW**

FA Counseling completed :  Yes  No      FA Adjustment Needed:  Yes  No      Financial Aid Processed: (Initial & Date)

SA Adjustment Needed:  Yes  No      Student Accounts Processed: (Initial & Date)

**REGISTRAR OR STUDENT SUPPORT COUNSELOR REVIEW**

Date Rec'd/DOD: \_\_\_\_\_ Staff Processed (Initial/Date): \_\_\_\_\_ Previous CR Hours: \_\_\_\_\_ Current CR Hours: \_\_\_\_\_

Add/Drop Fee:  Yes  No      Late Reg Fee:  Yes  No      Fee Waiver:  New Student  Other