PEPPERDINE UNIVERSITY

Cross-Registration Enrollment Form

Name (Last, First)	
Student ID #	
Requesting Term	❑ Fall ❑ Summer ❑ Spring ❑ Other: 2 0

School of Primary Enrollment

❑ GSBM ❑ SOL
❑ GSEP ❑ SPP
❑ Seaver

Course requested for cross-registration

Course ID	Course Title	Units	School Offering Course

Briefly explain how this course relates to your current program of study

I agree to abide by all university policies and procedures as described in all applicable University catalogs, schedules, handbooks, and/or brochures.

Student Signature: _____ Date: _____

School of Primary Enrollment	School Offering the Course Requested Above
❑ Request Approved ❑ Request Not Approved	❑ Request Approved ❑ Request Not Approved
Signature: _____ Date: _____	Signature: _____ Date: _____
Printed Name/Title: _____	Printed Name/Title: _____

WHITE: *Student Information & Services* CANARY: *School of Current Enrollment* PINK: *School of Requested Enrollment* GOLDENROD: *Student*