

Request to Cross-Register at Manhattanville College

Student Information:

Name: _____
(Last, First, MI)

CID # _____

I am requesting to cross-register at Manhattanville College during the Fall ___ / Spring ___ semester for

Course Number: _____ Title: _____

Meeting Day(s): _____ Meeting time(s): _____

Required Signatures

Advisor

Date

Registrar

Date

Restrictions:

- Only ten SUNY students per semester will receive permission to cross-register at Manhattanville
- SUNY students **must pay full-time SUNY tuition** to qualify for cross-registration
- If approved, any registration, add/drop, withdrawal and/or Pass/No credit options must be done at both Purchase College and Manhattanville College.

I have read the above restrictions

Student's Signature: _____ Date: _____