

Request to Cross-Register at Manhattanville University

Student Information:

Name: _____ CID # _____
(Last, First, MI)

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

Course Number: _____ Title: _____

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

Advisor:

Does this course satisfy any major requirement at Purchase? Yes No

If yes, which major requirement: _____

Advisor name

Advisor Signature (required)

Date

Registrar:

Registrar Signature (required)

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: _____