

Request to Cross-Register at Manhattanville University

Name: (Last, First, MI)		PID #
I am requesting to cr	oss-register at Manhattanville Univ. durin	ng the Fall / Spring semester for:
Course Number:	Title:	
Advisor: Does this course satisfy a	major requirement at Purchase for this student?	Yes No
If yes , which ma	jor requirement:	
Advisor name	Advisor Signature (required)	Date
Registrar Signature (requ	ired) Date	
Important Information:		
Only ten PurchaStudents will be	nts must be registered full-time at Purchase to quese students per semester will receive permission to permitted to take only one course per semester at permitted to cross-register for courses equivaler	to cross-register at Manhattanville at Manhattanville
Instructions:		
 When a final gra 	d completed form to the Registrar's Office at Man ade has been assigned, you must request an officia e to the Registrar's Office at Purchase in order to	al transcript be sent from the Manhattanville