

CROSS REGISTRATION APPLICATION

MARS HILL COLLEGE ♦ UNIVERSITY OF NORTH CAROLINA ASHEVILLE ♦ WARREN WILSON COLLEGE

(Please type or print in ink all information requested. Return to the Office of the Registrar at your home institution.)

Full legal name _____
Last First Middle

Home Institution _____

SSN # _____/_____/_____ Sex: Male Female

Date of birth _____ City and state of birth _____

Phone Number (with Area Code) _____ Type: Cell Home

Other Email Address _____

Present Mailing Address _____

Permanent Address _____

Are you a U.S. Citizen? Yes No **If No:** Country of citizenship: _____

If not a U.S. Citizen, are you a permanent U.S. Resident? Yes No

Racial/Ethnic Identification (used for federal reporting purposes only)

1) Are you Hispanic/Latino? No Yes

2) Please select one or more of the following as applicable:

African American/Black American Indian/Alaskan Native Asian/Pacific Islander

Hispanic Caucasian/White Other (specify) _____

Applying to attend _____ class(es) at:
 _____ Mars Hill College
 _____ University of NC at Asheville
 _____ Warren Wilson College

DEPT	CRS-NO	SECTION	COURSE TITLE	CREDIT HRS	DAY/TIME

Agreement: I agree to conform to the rules and regulations of the host institution. I understand I am bound to the policies of the host institution (e.g. schedule for course changes: additions or withdrawals) should any changes to this registration occur.

Applicant's signature _____ Date _____

The home institution must complete the following section:

_____ is a full-time student in good academic standing at
Last First Middle

(Mark one) MHC ___ / UNCA ___ / WWC ___ and has permission to enroll in the above-listed course(s).

The above-named student is applying to enroll for coursework for the _____ semester, 20_____.

Student is an _____ in-state _____ out-of-state resident.

State of residency _____.

RCN if in-state _____

Signature of Academic Advisor _____ Date _____

Signature of Registrar _____ Date _____