

CUE CROSS REGISTRATION FORM

 LAST 4 DIGITS OF SS# DATE OF BIRTH STUDENT ID AT HOME INSTITUTION DATE

 LAST NAME FIRST INITIAL

SEMESTER	YEAR
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 LOCAL ADDRESS

 CITY STATE ZIP CODE EMAIL ADDRESS LOCAL TELEPHONE NUMBER

 HOST INSTITUTION HOME INSTITUTION

HOST COURSE INFORMATION			
DEPARTMENT	COURSE NUMBER	SECTION/CLASS #	CREDIT HOURS
TITLE		INSTRUCTOR	

**Consortium for
 Urban
 Education,
 Indianapolis**



 STUDENT SIGNATURE DATE

 ADVISOR SIGNATURE DATE

SUBMISSION DEADLINE: FALL SEMESTER – AUGUST 10, SPRING SEMESTER – DECEMBER 10

 ACADEMIC DEAN OR CUE OFFICER SIGNATURE DATE

XC: HOST REGISTRAR HOME REGISTRAR STUDENT