



APPROVAL FOR ACCEPTANCE OF GRADUATE COURSEWORK AT EAST OHIO UNIVERSITIES (Cross-Registration Form)

Under specific circumstances, a graduate degree-seeking student from Northeast Ohio Medical University may take one or more graduate courses at The University of Akron, Cleveland State University, Kent State University, Ohio University, or Youngstown State University without registering as a transient student. The course should contribute to the student's program of study and be unavailable at Northeast Ohio Medical University when needed to complete the student's program. The student must be in good standing (GPA >3.0) and be within time limits for completion of the degree program. The graduate program unit at Northeast Ohio Medical University will establish a special topics course with a graduate title that corresponds to the course title at the host university and will incorporate the initials of the host university (UA, CSU, KSU, OU, or YSU). Registration for such a course is controlled by the student's home department and will be permitted only upon receipt of this approved form.

Name: _____ ID: _____
 Please print: Last First Middle Birthdate: _____
 Permanent address: _____
 Street City State Zip
 Local Address: _____
 Street City State Zip
 Local telephone: _____ Email: _____

Home Institution: Northeast Ohio Medical University

Department: _____ Major: _____ Degree: _____
 Academic semester/term Fall Spring Summer Specify summer session _____ Academic year _____

Host Institution:

The University of Akron Cleveland State University Kent State University Ohio University Youngstown State University

Course number: _____ Course title: _____
 Instructor name: _____

Approvals

Home Institution: Northeast Ohio Medical University

Host Institution: UA / CSU / KSU / OU / YSU

_____	_____
Academic Advisor (print & sign name)	Course Instructor (print & sign name)
_____	_____
Program Director (print & sign name)	Course Instructor email address and phone number
_____	_____
Program Director email address and phone number	Department Chair (print & sign name)
_____	_____
Graduate School Approval (print & sign name)—UA & YSU only	Graduate School Approval (print & sign name)—UA & YSU only

Student: Please complete a form for each cross-registered course and send (email or fax) to your academic advisor. The academic advisor will obtain the home institution signatures and forward to the host institution. Only actual or scanned signatures will be accepted; word processed signatures are not allowed.