



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

Under specific circumstances, a graduate degree-seeking student from Ohio University may take one or more graduate courses at The University of Akron, Cleveland State University, Kent State University, Northeast Ohio Medical 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 Ohio 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 Ohio 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, NEOMED, 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 \_\_\_\_\_  
 Permanent address: \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Local Address: \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Local telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Home Institution: Ohio 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  Northeast Ohio Medical University  Youngstown State University

Course number: \_\_\_\_\_ Course title: \_\_\_\_\_  
 Instructor name: \_\_\_\_\_

**Approvals**

**Home Institution: Ohio University**

**Host Institution: UA / CSU / KSU / NEOMED / 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.*