

Registration Record

For all reciprocal students

Academic Year

Semester

Name

Address for academic year

Telephone

Permanent Address

Telephone

Home Institution

Major Department

Degree sought

Course # taken

Title

At

(College or University)

Number of credits or units

Name of instructor

Approvals:

Home institution

Visited institution

Grade in course

(To be inserted by visited institution at end of semester)

(This form should be used for registration purposes. At the completion of the semester, copies should be sent to the Graduate Dean's office and the department Chairman at both home and visited institution)