

WHEATON COLLEGE

Norton, Massachusetts, 02766

Office of the Registrar

SACHEM Cross Registration Form

Please Print All Information

I hereby seek approval from the Home and Host institutions indicated to cross-register for the course(s) shown. I have read the SACHEM Regulations and Procedures and agree to adhere to the policies of both institutions.

Name	Wheaton ID
Local Address (Include Box Number)	Home Phone
	Campus Phone
Permanent Address	Date Birth
	Class Year

Please list below the name of the HOST institution and your course selection(s).

Name of Host Institution		
Course Number/Section	Course Title	Days/Time
Course Number/Section	Course Title	Days/Time
Course Number/Section	Course Title	Days/Time
Semester (Fall/Spring) / Academic Year		

Note: Course and credit are posted as transfer work on the Wheaton transcript.

HOME INSTITUTIONAL APPROVAL

Department Chairperson	Wheaton Registrar
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HOST INSTITUTIONAL APPROVAL

Signature	Title	Date
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Wheaton College Office of the Registrar Use Only

Semester	Department	Course Number	Section	CRN	Date Entered
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