

## SACHEM Cross-Registration Request

Name (Last, First, Middle): \_\_\_\_\_ Student ID (**Home** Institution): \_\_\_\_\_

Current Mailing Address \_\_\_\_\_ Date of Birth (mm/dd/year): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country (if not US): \_\_\_\_\_

Email: \_\_\_\_\_ Phone [Cell preferred]: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Home Institution** (Where you are currently enrolled): \_\_\_\_\_

**Host Institution** (Where you would like to take a course): \_\_\_\_\_

**Eligible Institutions listed on back**

**Semester/Year of requested registration:** \_\_\_\_\_

Subject/Number/Section/CRN	Title	Days/Times	Home Institution Equivalent
Alternate Selections			

I request registration in the above class(es). I understand that I am responsible for adhering to policies and procedures at both the **Host** institution as well as my **Home** institution. **See reverse for additional information.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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<b>Home Institution - Academic Approval/Date</b>
<b>Home Institution - Registrar's Approval/Date</b>

<b>Host Institution- Approval/Date</b>

Sent to Host Registrar \_\_\_\_\_ Received from Host Registrar \_\_\_\_\_ Student ID (Host Institution) \_\_\_\_\_

Adjusted Database \_\_\_\_\_ Appropriate Staff Notified \_\_\_\_\_ Contacted Student \_\_\_\_\_

## ADDITIONAL INFORMATION AND INSTRUCTIONS

**Southeastern Association for Cooperation in Higher Education in Massachusetts (SACHEM)** is a program which allows eligible full-time students to enroll in courses at these institutions:

- Bridgewater State University
- Bristol Community College
- Cape Cod Community College
- Dean College
- Massasoit Community College
- Stonehill College
- University of Massachusetts at Dartmouth
- Wheaton College

### **Regulations:**

1. Students may cross-register for up to two courses a semester at any of the SACHEM institutions on a space-available basis.
2. To qualify, a student must be enrolled as a full-time degree-seeking student and be in good standing.
3. Cross registration is only available during the fall and spring semesters.
4. Each institution reserves the right to restrict cross-registration and may have courses not eligible for enrollment under SACHEM.
5. Tuition is covered within the students' full-time tuition charge at the **Home** institution; students are responsible for any additional fees when applicable (**check with the Host institution**).
6. Students are held to the add/drop/withdrawal and grading deadlines and policies of the **Host** institution.
7. By completing the cross-registration form, students authorize the **Host** institution to send the **Home** Institution Registrar a final transcript at the end of the semester of enrollment.

### **Procedures:**

1. Contact the Registrar's Office(s) of the **Host** institution(s) for information on course offerings.
2. Complete the cross-registration form, ensuring any required approvals are received. Additional course information may be required, such as a course description or syllabus, before approving your selection.
3. Return the signed form to the **Home** institution Registrar
4. The **Home** institution Registrar will send the form to the SACHEM coordinator of the **Host** institution, who will determine if there is space in the course, and identify any additional procedures required to complete registration.
5. Once a final transcript is received from the **Host institution**, the course(s) will be posted on the **Home institution's** transcript as transfer credit.