## MILWAUKEE AREA COLLEGIATE LANGUAGE CONSORTIUM (MACLC)

Cross Registration Form
Please submit to the Registrar at your Home School for processing.
Student Information

		Student III	Hormation	
Last Name	First N	Name	M.I.	Home College
Address	City	State	Zip	Phone Number
Date of Birth	Major	Minor	Emergency Contact	Phone Number
		Course II	nformation	
Dept Name Cour	rse Number Section	on Course Title	Instr	uctor Credits
Term (Fall, Spring, or Have you ever attende		Year ? □Yes □No	Prerequisites	
Host School (Where is ☐ Alverno College ☐ APPROVALS:			rsity    Wisconsin Lutheran	College Yes □No
Department Chair (if c	ourse will satisfy m	ajor)		Date
Please review poli may result in dela	yed registration.		de any necessary information  on Policies and Procedu	
(For		·	for ONE course per son Policies, please contact	
				ove or posted on the Registrar's ption on behalf of the student.
			and have been unable to find to the MACLC Cross Regi	l any viable alternative to the coustration Policy.
Advisor Signature			Date	Phone Number
2. I have comp	plete all work, inclu pleted all prerequisit	ding any assignments m tes for this course, and gulations governing cross		fferences between institutions,
Student Signature				te