

**MILWAUKEE AREA COLLEGIATE LANGUAGE CONSORTIUM (MACLC)  
Cross Registration Form**

**Student Information**

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Last Name	First Name	M.I.	Home College
<hr/>			
Address	City	State	Zip
			Phone Number
<hr/>			
Date of Birth	Major	Minor	Emergency Contact
			Phone Number

**Course Information**

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Dept Name	Course Number	Section	Course Title	Instructor	Credits
<hr/>					
Term (Fall, Spring, or Summer)		Year	Prerequisites		
Have you ever attended this school before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Host School (Where is this course offered?)					
<input type="checkbox"/> Alverno College <input type="checkbox"/> Carroll University <input type="checkbox"/> Mount Mary University <input type="checkbox"/> Wisconsin Lutheran College Yes <input type="checkbox"/> No					
APPROVALS:					
Department Chair (if course will satisfy major) _____				Date _____	

Please review policies and procedures outlined below & include any necessary information. **Insufficient information may result in delayed registration.**

**MACLC Cross-Registration Policies and Procedures**

**\*\*Students may cross-register for ONE course per semester**

(For complete MACLC Cross-Registration Policies, please contact your Registrar)

**ADVISORS:**

If you believe your advisee's situation warrants an exception to any of the policies outlined above or posted on the Registrar's website, please include a brief description below and sign at the bottom to petition for an exception on behalf of the student.

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I, the undersigned have reviewed by advisee's academic schedule and have been unable to find any viable alternative to the course requested above. Therefore, I support her petition for an exception to the MACLC Cross Registration Policy.

Advisor Signature	Date	Phone Number
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STUDENTS: I understand that:

1. I must complete all work, including any assignments missed because of calendar differences between institutions,
2. I have completed all prerequisites for this course, and
3. I have read and agree to the regulations governing cross-registration

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date