



Cross-Campus Enrollment Form

Student Name _____ Date _____

Student ID Number _____

Reason for the Request

Course Information

Year _____ Semester _____ Session (e.g. Main, 01, 10, STAR, etc.) _____

Course ID _____ Course Title _____

Course Section (e.g. A2, F, BOL, WEB, etc) _____ Credit Hours: _____

To be used for: (CHECK One) CORE Req. Major Req. Minor Req. Other Req. _____

Important Notices

- ◆ Courses taken at another campus may impact student status, financial aid, and tuition. By submitting this form, I acknowledge that I have consulted with my advisor, Student Financial Services, and am aware of the potential implications to my status.
- ◆ Requests after the Add/Drop period will not be accepted and/or processed.
- ◆ Enrollment in courses at another SMU campus is only permitted on a space available basis.
- ◆ Students may not exceed credit hour limitations for the semester they are requesting enrollment

Student Signature _____ Date _____

Approval Signatures

Signature verifies that I have reviewed the student's prerequisites for this course. This form does not allow students to enroll in a full class.

1. Advisor _____	Approved	Denied
(print name) (signature) (date)		

2. Student's Dean _____	Approved	Denied
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Received in Office of the Registrar _____	Date _____
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