

SACHEM - Cross Registration Form

Southeastern Association for Cooperation in Higher Education in Massachusetts

Student ID#: _____ **Semester** (Fall or Spring only): _____ **Year:** _____

Last Name: _____ **Legal First Name:** _____ **Middle Initial:** _____

Host Institution (Please check to the left of the name of the Host Institution)

<input type="checkbox"/>	Bridgewater State University	<input type="checkbox"/>	Massasoit Community College
<input type="checkbox"/>	Bristol Community College	<input type="checkbox"/>	Stonehill College
<input type="checkbox"/>	Dean Junior College	<input type="checkbox"/>	University of MASS at Dartmouth
<input type="checkbox"/>	Massachusetts Maritime Academy	<input type="checkbox"/>	Wheaton College

List the course selections to be taken at the Host Institution (Maximum of two courses)

Course # - Section	Course Name	CCCC Equivalent	Credits

I request the approval of both Home and Host institutions indicated to allow for cross-registration for the course/s noted above. I have read and understand the regulations and requirements of SACHEM and agree to adhere to those as well as the policies and procedures of both Host and Home institution.

Student's Signature (required) _____ **Date** _____

In accordance with Cape Cod Community College policy, the transfer of credit to Cape Cod Community College is given only for courses with a grade of "C-" or better. The grade received is recorded on the permanent record at the college where the course is taken.

Home Institution Approval	
Dean/Department Chair's Signature: _____	Date: _____
Registrar's Signature: _____	Date: _____
Host Institution Approval	
Registrar's Signature: _____	Date: _____