

PEPPERDINE UNIVERSITY

Cross-Registration Enrollment Form

Name (Last, First)							
Student ID #							
Requesting Term	<input type="checkbox"/> Fall <input type="checkbox"/> Spring	<input type="checkbox"/> Summer <input type="checkbox"/> Other: _____		2	0		
			School of Current Enrollment				
			<input type="checkbox"/> GSEP <input type="checkbox"/> Graziadio School <input type="checkbox"/> School of Law <input type="checkbox"/> Public Policy <input type="checkbox"/> Seaver College				

Graduating Student

Projected Graduation Date: _____

Declared Concentration: _____

Course(s) requested for cross-registration			
Course ID	Course Title	Units	School Offering Course

Briefly explain how each course relates to your current program of study

I agree to abide by all university policies and procedures as described in all applicable University catalogs, schedules, handbooks, and/or brochures.

Student Signature: _____ Date: _____

Approval of School of Current Enrollment

Cross-Registration Request Approved Not Approved

Signature: _____ Date: _____

Printed Name & Title: _____

Approval of School(s) Offering the Course(s) Indicated Above

Cross-Registration Request Approved Not Approved

Signature: _____ Date: _____

Printed Name & Title: _____