

PETITION FOR CROSS REGISTRATION INTO BTI MEMBER SCHOOLS

CROSS REGISTRATION FOR ANY COURSE IS SUBJECT TO THE REGULATIONS
GOVERNING THIS PROCEDURE AS PUBLISHED ON THE BTI WEBSITE

1. Complete the form below. Print clearly using ball point pen.
2. Obtain signature of your own Registrar. Leave **white** copy at your own institution.
3. Obtain signature of the Registrar in the institution where the course is taught. Leave **pink** copy at that institution.
4. Return **yellow** copy to your own Registrar. Keep **gold** student copy.
5. If you drop the course, notify in writing both your own Registrar and the Registrar where the course is taught.

STUDENT'S LAST NAME FIRST INITIAL

LETTER GRADE PASS/FAIL AUDIT

EMAIL ADDRESS

TELEPHONE NO.

MAILING ADDRESS

COMMENTS:

STUDENT'S OWN INSTITUTION

STUDENT'S INTENDED GRADUATION YEAR SEMESTER

INSTITUTION WHERE COURSE IS TAUGHT

DEPARTMENT OR FIELD

SEMESTER ACADEMIC YEAR COURSE NO. CREDITS

NAME OF COURSE INSTRUCTOR

DESCRIPTIVE TITLE OF COURSE CATALOGUE SECTION

INSTRUCTOR'S SIGNATURE (IF REQUIRED)

SIGNATURE OF REGISTRAR OF STUDENT'S OWN INSTITUTION DATE

SIGNATURE OF REGISTRAR WHERE COURSE IS TAUGHT DATE

SIGNATURE OF STUDENT DATE

**LEAVE THIS COPY
WITH THE REGISTRAR
OF YOUR OWN
INSTITUTION**