

**UNDERGRADUATE EDUCATION  
TUFTS UNIVERSITY**

**CROSS-REGISTRATION REQUEST**

STUDENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ID# \_\_\_\_\_  
(Street) (Apt. #)

(City) (State) (Zip code) (Telephone #)

UNDERGRADUATE \_\_\_\_\_ GRADUATE \_\_\_\_\_

CURRENTLY ENROLLED IN \_\_\_\_\_  
(STATE, YOUR UNIVERSITY, COLLEGE, OR SCHOOL)

**I. TUFTS UNIVERSITY UNDERGRADUATE STUDENTS MUST HAVE APPROVAL OF THEIR ADVISOR IN ORDER TO CROSS REGISTER.**

Advisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**II. Cross Registering at:** Semester: Fall \_\_\_\_\_ Spring \_\_\_\_\_  
(year) (year)

(check one)

- \_\_\_ Boston College
- \_\_\_ Boston University
- \_\_\_ Brandeis University
- \_\_\_ New England Conservatory of Music
- \_\_\_ School of Nutrition
- \_\_\_ Fletcher School of Law and Diplomacy
- \_\_\_ Sackler School of Graduate  
Biomedical Sciences
- \_\_\_ Tufts University (Arts & Sciences)
- \_\_\_ Other (specify) \_\_\_\_\_

Registering for courses:  
Department \_\_\_\_\_  
Number \_\_\_\_\_ Section \_\_\_\_\_  
Title \_\_\_\_\_  
Course Credit \_\_\_\_\_

Instructor's Signature \_\_\_\_\_  
(AFTER THE FIRST DAY OF CLASS)

**III. Signature of Host Registrar/Dean** \_\_\_\_\_

**IV. RECEIVED BY STUDENT SERVICES DESK** \_\_\_\_\_  
(Initials/Date)

**V. Authorized Tufts' Signature** \_\_\_\_\_

1st Copy: Host Registrar  
2nd Copy: Student's Registrar

3rd Copy: Instructor  
4th Copy: Student