

VIMS SCHOOL OF MARINE SCIENCE & OLD DOMINION UNIVERSITY
CROSS-REGISTRATION REQUEST FORM



The current exchange policy permits a limited number of graduate students who are enrolled in the School of Marine Science at William & Mary, with their advisors' and dean's approval, to take elective courses in the College of Sciences and/or the Frank Batten College of Engineering and Technology at Old Dominion University and vice versa. Core curriculum requirements for the particular degree program must be taken at the home institution with no substitutions from the partner institution permitted. The tuition and fees are determined and retained by the graduate student's home institution.

STUDENT LAST NAME	STUDENT FIRST NAME	M.I.	HOME INSTITUTION	BANNER ID
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)			PHONE NUMBER	GENDER
SCHOOL EMAIL ADDRESS	US CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	INTERNATIONAL? ENTER VISA TYPE		DATE OF BIRTH

I request permission to take the course listed below at the HOST institution. I understand and agree to abide by the administrative rules and regulations of the HOST institution, including dates and deadlines, rules and regulations governing academic honesty, student conduct, and student discipline and add/drop/withdrawal policy, throughout the semester enrolled. By signing below, I authorize my educational records to be shared between the HOST and HOME institution.

Student Signature _____ Date _____

HOST INSTITUTION	COURSE ID <small>Subject, Course #, Section # (i.e., MSCI567-01)</small>	COURSE CRN #	SEMESTER OFFERED	YEAR OFFERED
COURSE TITLE		NAME OF PRIMARY COURSE INSTRUCTOR	CREDIT HRS	GRADE MODE

I approve the student's request to enroll in the course listed above.

Instructor's Signature _____ Date _____

I certify that the student is eligible to enroll in the course listed above, has completed all prerequisites for the course listed, and remains in good academic standing at the HOME institution.

APPROVALS		
ADVISOR:		
MAJOR ADVISOR NAME	SIGNATURE	DATE
CO-MAJOR ADVISOR NAME (IF APPLICABLE)	SIGNATURE	DATE
REGISTRAR AT HOME INSTITUTION:		
NAME	SIGNATURE	DATE
DEAN AT HOME INSTITUTION:		
NAME	SIGNATURE	DATE

PLEASE RETURN THIS FORM WITH ORIGINAL SIGNATURES TO THE SMS REGISTRAR, WATERMEN'S HALL ROOM 253
 OR SUBMIT FORM ELECTRONICALLY TO REGISTRAR@VIMS.EDU.

The student has been registered for the above course as indicated.

REGISTRAR ACTION AT HOST INSTITUTION		
REGISTRAR, HOST INSTITUTION	SIGNATURE	DATE
STUDENT HOST ID#	FINAL GRADE RECEIVED IN COURSE (To be Submitted at End of Semester)	GRADE SUBMISSION DATE

OFFICE USE ONLY: DATE FORM RECEIVED: _____ INITIALS: _____ BANNER NOTIFIED STUDENT RECEIVED FINAL GRADE