

ENROLLMENT IN OTHER COLLEGES**WHO SHOULD USE THIS FORM**

- If you are an Empire State University student who is cross registering at another institution, your cross-registered course will be included in your SUNY Empire registration and your enrollment charges will reflect your cross-registered course. When Student Accounts receives this form and your receipt from your host college, we will apply a credit to your account in the amount of your **tuition** for the cross-registered course(s) or the tuition paid at the host college, whichever is less.
- SUNY Empire has billing agreements with several community colleges. If you are cross registering into one of the community colleges that has a billing agreement with SUNY Empire, do not use this form. Use the Community College Billing Agreement form instead.
- SUNY Empire adheres to the SUNY to SUNY Full-time Cross Registration Policy. If you are enrolled for 12+ credits at SUNY Empire, of which 12+ credits are instructed by SUNY Empire, and you are cross-registering into another SUNY institution, do not use this form. Use the SUNY Cross Registration Agreement form instead.

STUDENTS SHOULD APPLY FOR FINANCIAL AID AT SUNY EMPIRE.**FINANCIAL AID STUDENTS ALSO MUST HAVE A FINANCIAL AID CONSORTIUM FORM ON FILE WITH FINANCIAL AID.****Part I To be filled out by SUNY Empire student**

Last name _____ First name _____ Middle initial _____ ID Number _____

Street _____ City/State/Zip Code _____

Student signature _____ Date _____

Part II To be filled out by SUNY Empire mentor

Student has approval to take _____ credits at the host college in the _____ term starting _____ and ending _____.

Course title _____ Number of credits _____

Course title _____ Number of credits _____

Course title _____ Number of credits _____

Phone number _____ Fax number _____

Certified by _____ Title _____ Date _____

Part III To be filled out by the host college

Student is registered for _____ credits in the _____ term starting on _____ and ending on _____.

Course title _____ Number of credits _____

Course title _____ Number of credits _____

Total tuition amount _____

Host contact print name _____ Title _____

Host contact signature _____ Date _____

STUDENTS

Keep a copy of this form. Return the completed original along with proof of registration that includes course titles and a detailed copy of your paid receipt to:

Student Accounts**Empire State University****111 West Ave.****Saratoga Springs, NY 12866-6069**

Fax 518-580-4790