## FALL 2023 CROSSTOWN STUDENT REGISTRATION FORM

## RHODES COLLEGE CHRISTIAN BROTHERS UNIVERSITY UNIVERSITY OF MEMPHIS

Semester and Year	Home Ir	Home Institution ID#		Crosstown Institution ID #		
Home Institution:		D_				
				Home Institution Registrar Use Only:		
Dept Course#	Section	<b>Course Section Title</b>	e <u>Credit</u>	Course Equivalency/Credit		
Home Institution Ann	rovals (signatura)da	to)•	Crosstown Instit	aution Approvals (signature/date):		
Home Institution Approvals (signature/date):			Instructor			
Advisor			Registrar			
academic and social polic	cies and procedures of t		which I will be enrol	e to abide by them. I agree to abide by the lled. I understand that failure to do so may lead me institution.		
Student Signature			Date			
*****	**Copies of this f	orm MUST be subn	nitted to the Re	gistrar's Office********		
*****	****at both instit	utions in order to b	e registered for	the semester********		

## CROSSTOWN STUDENT REGISTRATION INFORMATION

institution in order for grades to be	ssued. The app	propriate registration	on form must be c	completed fully

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