



**Cross Registration Request**

**Academic Term:**  FA\_\_  SP\_\_

**Date:** \_\_\_\_\_

This form is to be completed for IBS students when requesting a course for cross registration at a Graduate Theological Union member of affiliate school.

Student \_\_\_\_\_ Student ID# \_\_\_\_\_

Course Number \_\_\_\_\_ Course Name \_\_\_\_\_

Course Instructor \_\_\_\_\_ Host School \_\_\_\_\_

Please indicate if there is a limit to the number of students for this course \_\_\_\_\_

If permission to register for this course is indicated in the course description, please confirm that you have contacted the professor and received permission. \_\_\_\_\_

Submit this form to the IBS registrar.