

# SALEM COLLEGE APPLICATION FOR CROSS-REGISTRATION



TERM: YEAR: INSTITUTION:

FIRST NAME:

LAST NAME:

SALEM ID NO:

SALEM EMAIL:

BIRTHDATE:

ETHNICITY:

NC RESIDENCY: YES NO

CITIZENSHIP  
(if other than the US):

PERMANENT ADDRESS:

STREET

CITY

STATE

ZIP

PHONE NUMBER

EMERGENCY CONTACT:

NAME

PHONE NUMBER

STREET

CITY

STATE

ZIP

**COURSE(S) REQUESTED: You MUST complete all course information. Please use an additional form if needed.**

Course #1

Course Code - Course Number - Course Section

Name of Course #1

Course #2

Course Code - Course Number - Course Section

Name of Course #2

Advisor's Signature:

Date:

Dean of Undergraduate Studies Signature:

Date:

**FOR OFFICE USE ONLY:**

Instructor Permission from  
Visiting Institution:

Registrar Permission:

Date Registered at Salem:

Visiting Institution: