

# CROSS-UNIVERSITY REGISTRATION REQUEST

Please submit a copy of your passport identification page(s) along with this request. Thank you.

## **SECTION1: GENERAL INFORMATION**

Term                      Fall                      Term Year  
Spring  
Summer \*

Full Name (F, M, L)

Gender                      Female                      Male                      Citizenship

Date of Birth                                            Academic Major

E-mail                      Phone Number

## **SECTION 2: CROSS REGISTRATION INFORMATION**

### **HOME University in Qatar**

Academic Bridge Program

Carnegie Mellon University

Cornell Medicine

Georgetown University

Hamad Bin Khalifa University

Northwestern University

Texas A&M University

Virginia Commonwealth University

### **HOST University in Qatar**

Academic Bridge Program

Carnegie Mellon Univiersiity

Cornell Medicine

Georgetown University

Hamad Bin Khalifa University

Northwestern University

Texas A&M University

Virginia Commonwealth University

### **Course Request(s) in order of preference**

Course Title                      Department                      Number                      Section

Course Title                      Department                      Number                      Section

I'd like to be registered for one course only, in order of preference, and as per availability.

I'd like to be registered for both courses, if available.

Have you previously registered for a course at the HOST University?                      Yes.                      No

*\* If you indicated Summer above, who will cover your tuition costs? Indicate your Sponsor or indicate "self" if self-paying.*

## **SECTION 3: APPROVAL SIGNATURES**

Home Chair/Dean/Advisor                      Date                     

Home Registrar                      Date                     

Host Registrar                      Date                     

## **SECTION 4: STUDENT FERPA RELEASE and AGREEMENT**

I understand that the Family Educational Rights and Privacy Act (FERPA) protects the confidentiality of my student education records ("Education Records") and that the university at which I am enrolled may only release these records to third parties with my prior written consent or as otherwise permitted by law. Intending to waive my right to confidentiality, I consent and direct the Host University to release information from my Education Records to my Home University, both indicated above. I understand that all my accounts (financial, library, IT, etc.) at the Host University must be cleared before my transcript will be released to my Home University. Furthermore, I understand I must comply with the host institution's policies and procedures for the duration of my enrollment and that my home university will be notified should I be found in violation of them.

Student                      Date