



**APPROVAL FOR ACCEPTANCE OF GRADUATE COURSEWORK AT EAST OHIO UNIVERSITIES (Cross-Registration Form)**

Under specific circumstances, a graduate degree-seeking student from The University of Akron may take one or more graduate courses at Cleveland State University, Kent State University, Northeast Ohio Medical University, Ohio University, or Youngstown State University without registering as a transient student. The course should contribute to the student's program of study and be unavailable at The University of Akron when needed to complete the student's program. The student must be in good standing (GPA >3.0) and be within time limits for completion of the degree program. The graduate program unit at The University of Akron will establish a special topics course with a graduate title that corresponds to the course title at the host university and will incorporate the initials of the host university (CSU, KSU, NEOMED, OU, or YSU). Registration for such a course is controlled by the student's home department and will be permitted only upon receipt of this approved form.

Name: \_\_\_\_\_ ID: \_\_\_\_\_  
 Please print: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
 Permanent address: \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Local Address: \_\_\_\_\_  
 \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Local telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Home Institution: The University of Akron**

Department: \_\_\_\_\_ Major: \_\_\_\_\_ Degree: \_\_\_\_\_  
 Academic semester/term Fall  Spring  Summer  Specify summer session \_\_\_\_\_ Academic year \_\_\_\_\_

**Host Institution:**

Cleveland State  University  
 Kent State  University  
 Northeast Ohio  Medical University  
 Ohio  University  
 Youngstown State  University

Course number: \_\_\_\_\_ Course title: \_\_\_\_\_  
 Instructor name: \_\_\_\_\_

**Approvals**

**Home Institution: The University of Akron**

**Host Institution: CSU / KSU / NEOMED / OU / YSU**

\_\_\_\_\_  
 Academic Advisor (print & sign name)

\_\_\_\_\_  
 Course Instructor (print & sign name)

\_\_\_\_\_  
 Program Director (print & sign name)

\_\_\_\_\_  
 Course Instructor email address and phone number

\_\_\_\_\_  
 Program Director email address and phone number

\_\_\_\_\_  
 Department Chair (print & sign name)

\_\_\_\_\_  
 Graduate School Approval (print & sign name)—UA & YSU only

\_\_\_\_\_  
 Graduate School Approval (print & sign name)—UA & YSU only

**INSTRUCTIONS FOR GRADUATE CROSS-REGISTRATION BY UNIVERSITY OF AKRON GRADUATE STUDENTS**

Student will complete this form, securing signatures of the academic adviser and department chair/school director, and submit it to the Graduate School (Polsky 467) for review and approval by the Associate Dean.

The Graduate School will fax the form to the host institution to secure the approval signatures.

The host institution will fax the completed form to The University of Akron Graduate School for distribution of copies to all parties.