ATA

Atlanta Theological Association
Cross Registration Application

Complete this form according to the instructions on reverse.

1. Personal Information

Name: _____ Gender: _____
(Last) *(First)* *(Middle)*

Home Institution Student ID #: _____

Home Institution: _____ School/Division: _____

Degree: _____ Major: _____

Are you graduating this semester? o Yes o No Cell Phone: _____

Local Mailing Address: _____ Home Phone: _____

_____ Work Phone: _____
(City) *(State)* *(Zip)*

E-Mail Address: _____

Date of Birth: _____ Place of Birth: _____ H.S. Grad. Date: _____
(*City, State)*

Ethnic Group: (check one)
o Caucasian American o African American o Hispanic American o Asian American
o Native American o Foreign/non U.S. citizen o Multi-Racial

U.S. Citizen? o Yes o No

State of Residence: _____

If Georgia, County: _____

If foreign, of which country are you now a citizen? _____

Alien registration receipt ("green card") number: _____

Type of Visa: _____

2. Courses Requested

Enter all information for each course requested. Permission is granted on a space available basis only after home institution students are registered. See back for more detials.

Host Institution: _____ Term Requested: _____

Is this an online course? o Yes o No Have you ever applied to or attended the host institution? o Yes o No When? _____

	Dept. Prefix & Course Number	Section	Computer Number	Day & Time	Credit Hours	Course Title
1.						
Alternate						
2.						
Alternate						

I certify that the information furnished by me is true. I understand that my completed application does not guarantee a place in the requested cross registration course(s). I agree to abide by all rules, regulations, practices, and policies of the host institution while enrolled there. I authorize the host institution to send a transcript of the cross registration course grade(s) to my home institution.

Student's Signature: _____ Date: _____

3. Approvals

I/we certify that the above named student has the approval of the home institution listed above and is in good standing.

_____ _____
Academic Advisor (Home Institution) Date Home Institution Cross Registration Coordinator Date

_____ _____
Host Institution Department Approval *(if required)* Date Host Institution Cross Registration Coordinator Date

TOTAL NUMBER OF HOURS TAKEN AT THIS HOST INSTITUTION:_____TOTAL HOURS AT ALL **ATA** SCHOOLS_____

ATA Cross Registration Application, Page 2

NOTE: The "home institution" is the ATA institution at which a student is currently enrolled. The "host institution" is the ATA institution at which a student would like to attend a course through cross registration.

Eligibility Criteria Checklist

- o In good academic standing as defined by the home institution and meet all eligibility requirements set by home institution
- o Meet prerequisites (if any) for requested course, as defined by host institution
- o Meet all immunization and health requirements
- o Meet all application deadlines
- o Have obtained required approvals from home and host institutions

Important Guidelines for Cross Registration

1) All requests are honored on a ***space available basis only***. The ATA schools allow their students to register first, which often leaves the cross registration applicant without the requested course. Additionally, we may not know until the day before the class begins whether or not you have a spot in the course. Always list alternate sections and/or courses when possible.

2) If you are applying for Financial Aid, or are concerned about being full time, the hours that determine eligibility will be based on the ***actual*** hours for which you are enrolled. Since you may not get the course through ATA and may not know until late, have an alternate plan in place at your home institution that does not involve the ATA request. If you get the cross registration course, you can drop the course(s) at your home institution through the first week of class.

3) ATA rules state that all communication and questions concerning your cross registration must come through your home institution. Applicants ***should not contact the host school coordinator or faculty in an attempt to get the requested course.***

4) Grades from other institutions participating in the ATA consortium may be posted later than your home institutions. Final grades may not be posted in time for graduation, so please do not use the ATA program for your final degree requirements.

5) A student may only take a maximum of 12 hours from any one ATA institution and a maximum of 18 hours from all ATA institutions.

Please sign and date this form as verification that you have read and understand the above.

_____	_____	_____
Print Name	**Signature**	**Date**