



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

Under specific circumstances, a graduate degree-seeking student from Kent State University may take one or more graduate courses at The University of Akron, Cleveland 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 Kent State University 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 Kent State University 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 (UA, CSU, 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 DOB  
 Local Address: \_\_\_\_\_  
 Street City State Zip  
 Local telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Student Home Institution:**

Department: English Major: Creative Writing Degree: MFA  
 Academic term: Fall  Spring  Summer  Specify summer session \_\_\_\_\_ Academic year \_\_\_\_\_

**Class Host Institution:**

The University of Akron  Cleveland State University  Northeast Ohio Medical University  Kent State University  Youngstown State University

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

**Approvals**

**Student Home Institution:**

**Class Host Institution:**

_____ 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

*Student: Please complete a form for each cross-registered course and send (email or fax) to your academic advisor. The academic advisor will obtain the home institution signatures and forward to the host institution Only actual or scanned signatures will be accepted; word processed signatures are not allowed.*