State System of Higher Education Course Sharing Form for Current PASSHE Students



Part I: To be filled out by student applying to take a course at another PASSHE university.

| Are you enrolled at your home campus during | the course share semester? Yes | □No | |
|--|---|--|--|
| First Name: Mido | lle: Last Naı | me: | |
| University/Local Address: Cell/Day | | Phone No.: | |
| E-mail Address: [| | Date of Birth: | |
| Legal/Permanent Address: | | | |
| Legal PA Resident? Tyes/County | No 🗌 | | |
| Student's Home University: | 9 | tudent ID Number | |
| Name of university you wish to take the o | course: | | |
| Academic Term: <u>Fall / Spring /Su</u> | mmer Year: | | |
| Student's Signature: | List course(s) below | v you intend to enroll in through PASSHE | |
| course sharing. When complete, email this fo | | | |
| Home University Course Equivalency | Teaching University Course | Comments | |
| (Course name and number) | (Course name and number) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| My signature acknowledges that I have spoken fulfills my requirements; understand that I will be | | | |
| transcript by the teaching university to my home ι | iniversity. I also understand that the grades v | vill be accepted in full by my home | |
| university, be applicable towards my declared pro | gram, and will be included in my home univ | rersity credits, GPA, and residency. | |
| | | | |
| Advisor or Department Chair Acknowledgment | | Date | |
| Dean - Institutional Signat | rorv | Date | |
| | , | | |
| Part II: The information listed in Part I is acc | curate and has been verified by the stu | ident's home university and the | |
| student has been registered for the equiv | alent course at the home university. | • | |
| Acknowledged | ne University Registrar Signature | Date | |
| | , 3 | | |
| Part III: The student has been registered fo | r the course at the teaching university | | |
| Scheduled | i the course at the teaching university. | | |
| Teac | ching University Registrar Signature | Date | |

<u>Teaching University Registrar</u>: Email a copy of this form to Home University Registrar and student, and notify appropriate staff to provide access to necessary information systems (Email, SIS, D2L)