| **American Baptist Seminary of the West**ABSW_logo-longCross-Registration Form |
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| **This form is ONLY for BST students wishing to enroll in****a course or courses offered by another center or school of the GTU**Enter your information below along with the GTU course information for those classes you hope to take this semester. Submit the completed form to the BST Registrar during open registration. Keep in mind that some courses have limited enrollment and will be first come, first served. You will be notified by the BST Registrar with the results of your submission as soon as those become available. |
| **SEMESTER:**Click here to enter text. | **YEAR:**Click here to enter text. |
| **Student Information** |
| Name:Click here to enter text. | Student ID:Click here to enter text. |
| Academic Program:Click here to enter text. | Advisor:Click here to enter text. |
| Cross-Registration Course #1 |
| Course Name:Click here to enter text. |
| Course #:Click here to enter text. | Course Section:Click here to enter text. | Credits:Click here to enter text. |
| Instructor Name:Click here to enter text. |
| Instructor School:Click here to enter text. |
| Choose One: Letter GradeClick here to enter text.Pass/Fail Click here to enter text. AuditClick here to enter text. |
| Restricted Course?Y/NClick here to enter text. | If restricted course, instructor written consent must accompany this form. |
| Cross-Registration Course #2 |
| Course Name:Click here to enter text. |
| Course #:Click here to enter text. | Course Section:Click here to enter text. | Credits:Click here to enter text. |
| Instructor Name:Click here to enter text. |
| Instructor School:Click here to enter text. |
| Choose One: Letter GradeClick here to enter text.Pass/FailClick here to enter text. AuditClick here to enter text. |
| Restricted Course?Y/NClick here to enter text. | If restricted course, instructor written consent must accompany this form. |
| Cross-Registration Course #3 |
| Course Name:Click here to enter text. |
| Course #:Click here to enter text. | Course Section:Click here to enter text. | Credits:Click here to enter text. |
| Instructor Name:Click here to enter text. |
| Instructor School:Click here to enter text. |
| Choose One: Letter GradeClick here to enter text. Pass/FailClick here to enter text. AuditClick here to enter text. |
| Restricted Course? Y/NClick here to enter text. | If restricted course, instructor written consent must accompany this form. |
|  |
| **Student Signature:**Click here to enter text. | Date:Click here to enter text. |
| **NOTE:** A minimum of one-third coursework must be done at BST for most of our programs. Consult your program checklist or speak with your Advisor if you are unsure of your specific program requirements.  |
| **OFFICE USE ONLY** |
| Approved by Affiliate School? Y N  | Date Student Notified:  |
| BST **Registrar:** | Date: |
| **Office of the Registrar**510-841-1095 ext. 237 2606 Dwight Way, Berkeley, CA 94704 asong@absw.edu |