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:**

**YEAR:**

### STUDENT INFORMATION

Name: ___________________________  Student ID: ___________________________

Academic Program: ___________________________  Advisor: ___________________________

### CROSS-REGISTRATION COURSE #1

Course Name: ___________________________

Course #: ___________________________

Course Section: ___________________________  Credits: ___________________________

Instructor Name: ___________________________

Instructor School: ___________________________

Choose One: Letter Grade  Pass/Fail  Audit

Restricted Course? Y/N

If restricted course, instructor written consent must accompany this form.

### CROSS-REGISTRATION COURSE #2

Course Name: ___________________________

Course #: ___________________________

Course Section: ___________________________  Credits: ___________________________

Instructor Name: ___________________________

Instructor School: ___________________________

Choose One: Letter Grade  Pass/Fail  Audit

Restricted Course? Y/N

If restricted course, instructor written consent must accompany this form.

### CROSS-REGISTRATION COURSE #3

Course Name: ___________________________

Course #: ___________________________

Course Section: ___________________________  Credits: ___________________________

Instructor Name: ___________________________

Instructor School: ___________________________

Choose One: Letter Grade  Pass/Fail  Audit

Restricted Course? Y/N

If restricted course, instructor written consent must accompany this form.

**Student Signature:** ___________________________  **Date:** ___________________________

**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  kcroswell@bst.edu